



**Child Care and Development Fund (CCDF) Plan
for
State/Territory
New Hampshire
FFY 2016-2018**

This Plan describes the CCDF program to be administered by the State/Territory for the period 6/1/2016 – 9/30/2018. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to them regardless of these modifications.

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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Introduction and How to Approach Plan Development

Access to stable, high quality child care and early learning experiences improves the odds of success for two generations – parents and children - **who** rely on child care across the country. The Child Care and Development Fund (CCDF) provides resources to State, Territory, and Tribal grantees **that** enable low-income parents to work or pursue education and training so that they may better support their families while at the same time promoting the learning and development of their children. The CCDF also provides funding to enhance the quality of child care for all children.

On November 19, 2014, President Obama signed the bipartisan-supported Child Care and Development Block Grant (CCDBG) Act of 2014 into law (Pub.L. 113-186) (https://www.acf.hhs.gov/sites/default/files/occ/child_care_and_development_block_grant_mark_up.pdf). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for State and Territory grantees. The law establishes minimum child care assistance eligibility periods, health and safety standards and training requirements for providers, monitoring, consumer information and other components that when fully implemented will strengthen child care in this country and support child and family success.

States and Territories must comply with the provisions of the Child Care and Development Block Grant (CCDBG) Act, as revised by reauthorization. The Office of Child Care (OCC) has provided interpretive guidance on the new requirements of the law through Program Instructions or responses to Frequently Asked Questions, which are available at: <http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization>. Pending the issuance of implementing regulations, States and Territories are to comply with the law based on their reasonable interpretation of the requirements in the revised CCDBG statute. Further Federal clarification through guidance and regulation is forthcoming. Once final rules are issued, any States and Territories that do not fully meet the requirements of the regulations will need to revise their policies and procedures to come into compliance, and file appropriate Plan amendments related to those changes.

CCDF Plan Overview. The Administration for Children and Families (ACF) re-designed the CCDF Plan to assist State and Territory grantees to plan for full implementation of the law. We recognize that the CCDBG Act of 2014 includes a significant number of changes, some of which are straightforward to implement, while others are complex and will be phased-in over several years. The level of effort needed for implementation will vary across the country depending on the number of changes a State or Territory needs to make. We encourage all States and Territories to take time to think systematically and consider large-scale changes to advance a coherent vision for their child care programs and achieve the goals of the reauthorization – that is, to improve the health, safety, and quality of child care and to improve low-income working families’ access to child care assistance and care that promotes child development. Some States and Territories will need time to enact changes through their legislatures or rulemaking processes. In addition, some requirements will take time to fully operationalize. ACF will work with States and Territories to ensure that adoption and implementation of these important changes **are** done in a thoughtful and comprehensive manner.

The Plan process continues to be the primary mechanism by which ACF will determine State and Territory compliance with requirements in the new law. The CCDBG Act of 2014 changed the Plan cycle from a biennial to a triennial Plan period; thus, this Plan will cover a 3-year period. (658E(b)) States and Territories are required to submit their FY 2016-2018 CCDF Plans by March 1, 2016, and approved Plans will become effective June 1, 2016. This Pre-Print will provide a tool for States and Territories to describe to ACF their implementation plans to:

1. Define CCDF Leadership and Coordination with Relevant Systems
2. Promote Family Engagement through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to High Quality Child Care for Low-Income Children
5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of high quality care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine need for technical assistance and CCDF Plan amendments, and ultimately determine compliance with specific requirements and deadlines.

For purposes of simplicity and clarity, the specific provisions of applicable laws **printed herein** are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The State/Territory acknowledges its responsibility to adhere to them regardless of these modifications. The Plan contains definitions where provided by law. For terminology not defined in the law, some illustrative examples may be provided. These should only be considered examples, and not requirements, for purposes of responding. If no definitions are provided, States/Territories should respond based on their own definitions for those terms.

CCDBG Implementation Deadlines. In some cases, the CCDBG Act of 2014 specifies a particular date when a provision is effective. Where the law does not specify a date, the new requirements became effective upon the date of enactment and States/Territories have until September 30, 2016 to implement the new statutory requirement(s). ACF has determined that when a State or Territory cannot certify compliance with a specific requirement at the time of CCDF plan submission, the grantee must provide a State/Territory-specific implementation plan for achieving compliance with such provision(s). The implementation plan must provide sufficient information to support approval of the Plan for funding.

Specifically, as part of its implementation plan, States/Territories will be asked to describe:

- Overall target completion date (no later than appropriate effective date deadline)

- Current status for any **requirement in this section** (not yet started, partially **implemented**, substantially **implemented**, other) **including describing progress to date for any requirements already implemented and listing any unmet requirements that are not yet fully implemented**
- Specific steps (activities) you will take to complete **implementation of** the unmet requirement(s) (e.g., secure legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Timeline for implementation including projected start date and end date for each step
- Agency/entity responsible for **completing implementation** of the goal/objective, and partners who will work with the responsible agency to complete **implementation of** the goal/objective.

We recognize that it will take multiple steps and interim activities toward complete implementation of the requirement. We have included spaces to allow respondents to outline those interim steps and associated timelines (projected start and end dates) for those interim steps to be outlined. A comprehensive summary of the topical implementation plans across sections will be generated electronically to facilitate monitoring of progress towards completion.

ACF will work with States and Territories to monitor progress towards achievement of these requirements and will conduct **ongoing** reviews of implementation plans **until fulfillment of the requirement**. As part of the ongoing reviews, States and Territories will be asked to complete **regular updates** to the implementation plan through the e-submission site. Upon completion of the implementation plan, the State/Territory will submit a Plan amendment to certify fulfillment of the requirement(s). These updates and amendments can be submitted at any time prior to the effective date **of** the requirement. For example, States and Territories may, and are encouraged to, submit amendments to certify compliance with requirements upon completion, but no later than the effective date of the requirements (refer to the Program Instruction on Effective Dates for these deadlines <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02> and corresponding timeline of effective dates <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02-attachment-timeline-of-effective-dates-for-States-and-Territories-ccdbg-act-of-2014>).

Lead Agencies can access a variety of federal technical assistance resources to support implementation of the new requirements at: <https://childcareta.acf.hhs.gov/ccdf-reauthorization>. In addition to these materials, States and Territories will continue to receive support through the Office of Child Care's Technical Assistance Network (CCTAN) to assist with implementation of the new law. ACF recommends reviewing these resources prior to starting and completing each section of the Plan.

CCDF Plan Submission. States and Territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions in the ACF-118 site may be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities (see

<http://www.section508.gov/> for more information). Until the final draft is approved, States and Territories may use the draft CCDF Plan preprint templates as they work to implement the new law. In responding to questions, States and Territories are asked to provide brief, specific summary text and/or bullet points only. Do not use tables or copy and paste charts, attachments or manuals into the Plan.

All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing **CCDBG compliance** monitoring efforts. In cases where the CCDBG Act of 2014 did not change CCDF regulatory requirements (e.g., Public Hearing requirements), the CCDF regulations are still in effect and relevant questions are included in this Plan.

The CCDF Plan does not contain the Quality Performance Report (QPR) appendix included in previous Plans. The CCDBG Act of 2014 requires ongoing collection of some information that was included in the QPR. ACF will issue a separate information collection tool for public comment and approval linked to the CCDF Plan and updated based on the new requirements in the law.

1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action **the Plan** describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or

Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E(c)(1))

1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint inter-agency office designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals, and disallowance notifications to the designated contact identified here. (658D(a))

- ☐ Name of Lead Agency Department of Health and Human Services
- ☐ Address of Lead Agency 129 Pleasant St., Concord, NH 03301
- ☐ Name and Title of the Lead Agency Official Commissioner Nicholas Toumpas
- ☐ Phone Number (603) 271-9200
- ☐ E-Mail Address NToumpas@dhhs.state.nh.us
- ☐ Web Address for Lead Agency (if any) <http://www.dhhs.nh.gov>

1.1.2 Who is the CCDF administrator?

Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the State/Territory's CCDF program. ACF will send programmatic communications such as program announcements, program instructions, and data collection instructions to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the co-administrator or entity with administrative responsibilities and include contact information.

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator Kristin E. Booth, M.S.
Title of CCDF Administrator Administrator, Division for Children, Youth and Families (DCYF), Child Development Bureau (CDB)
Address of CCDF Administrator 129 Pleasant St., Concord, NH 03301
Phone Number (603) 271-8153
E-Mail Address kristin.booth@dhhs.state.nh.us

b) Contact Information for CCDF Co-Administrator (if applicable):

Name of CCDF Co-Administrator N/A
Title of CCDF Co-Administrator N/A
Phone Number N/A
E-Mail Address N/A

Description of the role of the Co-Administrator N/A

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any) (800) 852-3345 ext. 4242

Web Address for CCDF program (for the public) (if any)
<http://www.dhhs.nh.gov/dcyf/cdb/index.htm>

Web Address for CCDF program policy manual (if any)
http://www.dhhs.state.nh.us/FAM_html/NEWFAM.HTM

Web Address for CCDF program administrative rules (if any)
http://www.gencourt.state.nh.us/rules/state_agencies/he-c6900.html

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

- ☐ Outreach and Consumer Education (section 2):
 - Agency/Department/Entity Department of Health and Human Services, Division for Children, Youth, and Families
 - Name of Lead Contact Kristin Booth
- ☐ Subsidy/Financial Assistance (section 3 and section 4)
 - Agency/Department/Entity Department of Health and Human Services, Division for Children, Youth, and Families
 - Name of Lead Contact Kristin Booth
- ☐ Licensing/Monitoring (section 5):
 - Agency/Department/Entity Department of Health and Human Services, Division for Children, Youth, and Families
 - Name of Lead Contact Kristin Booth
- ☐ Child Care Workforce (section 6):
 - Agency/Department/Entity Department of Health and Human Services, Division for Children, Youth, and Families
 - Name of Lead Contact Kristin Booth
- ☐ Quality Improvement (section 7):
 - Agency/Department/Entity Department of Health and Human Services, Division for Children, Youth, and Families
 - Name of Lead Contact Kristin Booth
- ☐ Grantee Accountability/Program Integrity (section 8):
 - Agency/Department/Entity Department of Health and Human Services, Division for Children, Youth, and Families
 - Name of Lead Contact Kristin Booth

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? In other words, identify whether CCDF program rules and policies are established by the State or Territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

☒ All program rules and policies are set or established at the State/Territory level.

☐ Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

☐ Eligibility rules and policies (e.g., income limits) are set by the:

☐ State/Territory

☐ County. If checked, describe the type of eligibility policies the county can set _____

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set _____

☐ Other. Describe _____

☐ Sliding fee scale is set by the:

☐ State/Territory

☐ County. If checked, describe the type of sliding fee scale policies the county can set _____

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set _____

☐ Other. Describe _____

☐ Payment rates are set by the:

☐ State/Territory

☐ County. If checked, describe the type of payment rate policies the county can set _____

☐ Other local entity (e.g., workforce boards, early learning coalitions).
If checked, identify the entity (e.g. workforce board) and describe the
type of payment rate policies the local entity(ies) can set _____

☐ Other. Describe _____

☐ Other. List and describe (e.g., quality improvement systems, **payment
practices**) _____

1.2.2 How is the CCDF program operated in your State/Territory? In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies **across counties or other jurisdictions** to ease family burden and confusion. Check all that apply and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

☐ CCDF Lead Agency

☐ TANF agency. Describe. _____

☒ Other State/Territory agency. Describe. Division of Client Services at the District Office level

☐ Local government agencies such as county welfare or social services departments. Describe. _____

☐ Child care resource and referral agencies. Describe. _____

☐ Community-based organizations. Describe. _____

☐ Other. Describe. _____

b) Who assists parents in locating child care (consumer education)?

☐ CCDF Lead Agency

☐ TANF agency. Describe. _____

☐ Other State/Territory agency. Describe. _____

☐ Local government agencies such as county welfare or social services departments. Describe. _____

☒ Child care resource and referral agencies. Describe. New Hampshire has one statewide contract for CCR&R provided by Child Care Aware® of NH, a program of Southern New Hampshire Services (SNHS). It uses a single state-wide database for referrals. Child Care Aware® of NH visits District Offices and makes regular presentations at the New Hampshire Employment Program (NHEP) Orientations.

☐ Community-based organizations. Describe. _____

☐ Other. Describe. _____

c) Who issues payments?

☒ CCDF Lead Agency

☐ TANF agency. Describe. _____

☐ Other State/Territory agency. Describe. _____

☐ Local government agencies such as county welfare or social services departments. Describe. _____

☐ Child care resource and referral agencies. Describe. _____

☐ Community-based organizations. Describe. _____

☐ Other. Describe. _____

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf

The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply). For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

- X [REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns Describe A representative of the NH Municipal Association will read and provide comment on the Plan.
- X [REQUIRED, IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe Spark NH is the State's Advisory Council on Early Childhood Education and Care. The Spark NH Policy Committee is the basis of the CCDF Plan Task Force. The Task Force met monthly and provided consultation and recommendations to the CDB Administrator regarding policy

development and priorities for the development of the Plan. Meetings began in July 2014 and will continue until submission of the Plan. In addition, the The Child Development Bureau administrator and staff are actively engaged in all aspects of Spark NH, Early Childhood Advisory Council. The administrator is a member of the Council and chair of the Quality of Early Childhood Programs and Services Committee. CDB staff serves on each of the major committees, including Workforce and Professional Development, Policy, Early Childhood Data System, Communication and Public Awareness and Evaluation. The CDB integrates the work of the Council with its CCDF plan. CDB provides funding to Spark NH, ECAC to support quality, professional development, access to services and other initiatives that further the CCDF plan.

If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?

☒ Yes

☐ No.

- ☐ If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy _____

☐ [REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes. Describe, including which Tribe(s) you consulted with _____. Check N/A if no Indian Tribes and/or Tribal organizations in the State N/A X

☒ State/Territory agency responsible for public education. Describe DCYF intersects with the Department of Education on many aspects of the Plan development. The CDB administrator has met with the the Director of the Office of Homeless Education/Coordinator Title I Neglected and Delinquent Education to discuss the requiriements of the Plan regarding homeless families. The Coordinator of the Child and Adult Care Food Program (CACFP) reviewed sections of the plan related to nutrition and health. The Preschool Special Education Coordinator participated in the Development of the Early Learning Standards and the Expulsion Policy Task Force. The CDB Administrator met with the State Director of the 21st Century Community Learning Centers to review the elements of the Plan, it's impact on 21st CCLC programs, and possible future involvement in the Plan implementation.

☒ State/Territory agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool). Describe DCYF convened a Task Force to develop policies and supports to programs to reduce and severely limit the expulsion and suspension of children from early child care programs. The agency responsible for Section 619 participated in this task force. The

agency responsible for Part C participates in the quarterly Young Families meeting where the Plan was regularly discussed during the past year.

- X State/Territory institutions for higher education, including community colleges. Describe DCYF convenes a quarterly roundtable meeting with the early childhood education department chairs at institutions of higher education, during which the Federal Plan was discussed and input solicited.
- X State/Territory agency responsible for child care licensing. Describe The Chief of the Child Care Licensing Unit (CCLU) participated in the monthly CCDF Plan Task Force meetings. The CDB Administrator also met frequently with the Chief to coordinate and collaborate on aspects of the Plan that affect both CDB and CCLU. Supervisors in the CCLU also participate in several committees related to CCDF activities where aspects of the Plan are discussed.
- X State/Territory office/director for Head Start State collaboration. Describe The Head Start Collaboration Office (HSCO) is co-located in the DHHS/DCYF and routinely collaborates with the CDB on all overlapping initiatives and efforts. The HSCO administrator reviewed/edited a draft of the CCDF Plan to ensure its alignment with the current HSCO Federal plan, as well as to identify opportunities for collaboration to be included in the HSCO 5-year Federal plan to be submitted on April 1, 2016. Additionally, the HSCO administrator engaged in multiple planning meetings with CDB staff over the past six months on family engagement/outreach, developmental screening, and professional development
- X State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe Both of NH's grantees participate in Spark NH, the State's Early Childhood Advisory Council (ECAC). One of the local grantees is a member of the Spark NH Policy Committee and participates on the CCDF Plan Task Force. The CDB Administrator attended the EHS-CC Partnership Regional Orientation in Boston.
- X State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe The CACFP Coordinator reviewed and updated health-related aspects of the Federal Plan.
- X State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe The CDB Administrator participates in quarterly Young Families meetings, which includes representatives of DHHS from divisions of human services and public health agencies and bureaus that touch the lives of young children and their families. Representatives of WIC, breast-feeding support and childhood obesity prevention regularly attend these meetings. The Plan was discussed regularly at these meeting over the past year.
- X Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe The Network Lead for the State's Mott-funded, New Hampshire Afterschool Network (NHAN) participated regularly in the

CCDF Plan Task Force. The CDB also has a permanent seat on the NHAN and provides updates to the NHAN regarding the development of the Plan. The following providers provide developmental services and were active participants on the CCDF Task Force: Southern NH Services, Easter Seals, Merrimack Valley Day Care, and Lakes Region Child Care Services.

- X State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe The CDB Administrator participates in quarterly Young Families meetings, which includes representatives of DHHS from divisions of human services, and public health agencies and bureaus that touch the lives of young children and their families. Representatives from the the Division of Public Health who implement the Maternal and Child Home Visitation program facilitate and regularly attend these meetings. The Plan was discussed regularly at these meeting over the past year.
- ☐ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe _____
- X McKinney-Vento State coordinators for Homeless Education. Describe The CDB Administrator met with the Director of the Office of Homeless Education/Coordinator Title I Neglected and Delinquent at the the NH Department of Education to discuss the requiements of the Plan regarding homeless families and coordination in the identification of and services available to homeless families. The CDB Administrator also attended a training for McKinney-Vento State Liasions to learn more about implementing this Act in the schools and provided information to the liasions about CCDF.
- X State/Territory agency responsible for public health. Describe The CDB Administrator participates in quarterly Young Families meetings, which includes representatives of divisions of DHHS human services, and public health agencies and bureaus that touch the lives of young children and their families. Multiple representatives from the the Division of Public Health regularly attend these meetings. The Plan was discussed regularly at these meeting over the past year.
- X State/Territory agency responsible for **mental health**. Describe DCYF has a SAMSHA-funded grant to partner with the NH Children's Behavioral Health Collaborative, a group of more then 60 organizations and hundreds of individuals working to transform the behavioral health system. DCYF also has funding through ACF to partner with Dartmouth College's, Geisel School of Medicine, Dartmouth Trauma Treatment and Interventions Center, to ensure that all children entering the child welfare and juvenile justice systems receive a screen for trauma and if positive, receive an evidence practice to treat children and families who have experienced traumatic life events. Aspects of these grants are discussed at monthly DCYF management team meetings.

In addition, the President of the NH Infant Mental Health Association participated in the Preschool Expulsion Policy Task Force to develop policies for the inclusion of children to reduce and severely limit expulsions and suspensions in early childhood settings.

- X **State/Territory agency responsible for** child welfare. Describe The CDB is a bureau within the Division for Children, Youth, and Families, NH's child welfare agency. The CDB Administrator provides regular updates to, and seeks input from, the Division Director on CCDF Plan development policy decisions. The CDB also consulted with individuals responsible for the oversight of the allocation of funding for preventive and protective care in the development and implementation of policies related to the Plan.
- X State/Territory liaison for military child care programs. Describe Child Care Aware® of NH serves as the liaison for military child care in NH.
- X State/Territory agency responsible for employment services/workforce development. Describe The CDB Administrator met with the Director of the Division of Family Assistance and with the TANF Review Team, which includes the Director as well as individuals responsible for the NH Employment Program (NHEP), on several occasions where the needs of families participating in NHEP were discussed and how those needs are being addressed in the policies being developed in the Plan.
- X State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe The TANF Child Care Specialist participated in the monthly CCDF Plan Task Force as well as in other policy development meetings with the CDB. The CDB Administrator met with the Director of the Division of Family Assistance and with the TANF Review Team, which includes the Director and other individuals responsible for the TANF program where the needs of TANF families were discussed and how those needs are being addressed in the policies being developed in the Plan. DCYF also met with the Family Assistance Advisory Council to inform them of changes required by Reauthorization of the Child Care and Development Block Grant (CCDBG) and to seek input on the Plan development.
- X State/community agencies serving refugee or immigrant families. Describe DCYF met with the Refugee Advisory Council to inform them of changes in the Plan that would be relevant to the refugee population and to seek input on the development of the Plan.
- X Child care resource and referral agencies. Describe Child Care Aware® of NH participated in the CCDF Plan Task Force. DCYF also met regularly with Child Care Aware® of NH regarding their roles and responsibilities in the implementation of the Plan. A work group has been established to update the Child Care Aware® of NH website to include the Consumer Education information required in the Plan.
- X Provider groups **or** associations. Describe DCYF met in alternating months with either the Child Care Advisory Council or the Strengthening Families programs to provide updates and solicit input on the Plan development. The Executive Director of Early

Learning NH, an early childhood advocacy and provider support organization participated on the CCDF Plan Task Force as part of the Spark Policy Committee.

- ☐ **Labor** organizations. Describe _____
- X Parent groups or organizations. Describe DCYF provided the opportunity for parents with internet access to provide input into the development of the Plan through a SurveyMonkey survey. Parents were able to respond by selecting responses to multiple-choice questions and had the opportunity to provide additional narrative comments or responses.
- X Other. Describe The Director of the Child Care Community and Facilities Lending Program at the NH Community Loan Fund, which provided loans and business training to child care programs, participated on the CCDF Plan Task Force as part of the Spark Policy Committee.

A local child care program owner and the Democratic Majority Leader of the NH House of Representatives participated on the CCDF Plan Task Force as part of the Spark Policy Committee.

The Executive Director of Lakes Region Child Care Services and the Vice President of Children's Services of Easter Seals participated on the CCDF Plan Task Force as part of the Spark Policy Committee and as representatives of local child care programs serving a high percentage vulnerable children.

1.3.2 Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)). Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

- a) Date(s) of notice of public hearing **Reminder** - Must be at least 20 calendar days prior to the date of the public hearing. December 15, 2015
- b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? **Please include website links if utilized to provide notice.** The Notice of public hearing was posted on the Home page in the "News and Events" section on the NH DHHS website, which is ADA compliant. (<http://www.dhhs.state.nh.us/index.htm>) Notice of the public hearings was also distributed via the website and/or email lists of the Child Care Licensing Unit, Spark NH (<http://sparknh.com/news>), Child Care Aware® of NH (<http://nh.childcareaware.org/about-us/news-reports/>), Early Learning NH, Family Support NH, NH Association for the Education of Young Children (<http://nhaeyc.org/advocacy-2/>), NH Afterschool Network (<http://nhafterschool.org/news.html>), A Comprehensive Resource for Out-of-Schooltime Staff (ACROSS)NH, and the NH Child Care Advisory Council.

- c) Date(s) of public hearing(s) January 4, 2016 during the day; January 5, 2016 with a snow date of January 6, 2016 during the evening. **Reminder** - Must be no earlier than September 1, 2015 **which is 9 months prior to the June 1, 2016 effective date of the Plan.**
- d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed In-person Public Hearings were held at the Spark NH Policy Committee meeting and at the DHHS building, 129 Pleasant St. Concord, NH with live webinar broadcast throughout the state.
- e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) The content of the Plan was made available to the public on the DHHS website on the CDB home page and publications page (<http://www.dhhs.state.nh.us/dcyf/cdb/publications.htm>). The following partners also distributed the content of the Plan to their email lists or made it available on their website, either by posting a PDF of the document or by providing a link to the DHHS website: NH DHHS Child Care Licensing Unit, Spark NH, Child Care Aware® of NH, Early Learning NH, Family Support NH, NH Association for the Education of Young Children, NH Afterschool Network, ACROSS NH, and the Child Care Advisory Council.
- f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? DHHS will meet with the CCDF Plan Task Force and review comments and hear recommendations for changes. DHHS will then make final decisions on what recommended changes will or will not implemented.
- 1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe **the strategies below, including any relevant links as examples.**
- ☒ Working with advisory committees. Describe The members of the CCDF Plan Task Force and the Child Care Advisory Council inform constituents and others about the Plan and its availability through email and various meetings that they attend. Some of the represented organizations post links to the Plan, such as Spark NH, (<http://sparknh.com/news>), NH Afterschool Network (NHAN) (<http://nhafterschool.org/news.html>), and Child Care Aware® of NH (<http://nh.childcareaware.org/about-us/news-reports/>)
- ☒ Working with child care resource and referral agencies. Describe Child Care Aware® of NH makes the Plan available through a link on their website, will distribute a link to the Plan through their weekly electronic newsletter and on their Facebook page.
- ☐ Providing translation in other languages. Describe _____
- ☒ Making available on the Lead Agency website. List the website The Federal Plan and Amendments are posted on the Child Development Bureau Publications page of the NH DHHS website: <http://www.dhhs.nh.gov/dcyf/cdb/publications.htm>

- X Sharing through social media (Twitter, Facebook, Instagram, email, etc.). Describe These organizations shared information through social media networks including Twitter and Facebook: Child Care Aware® of NH, Spark NH, NHAN, NHAEYC
- X Providing notification to stakeholders (e.g., provider groups, parent groups). Describe The following provider groups and parent groups will be notified via email and at various meetings of the availability of the Plan: Spark NH, Early Learning NH, Child Care Aware® of NH, ACROSS NH, NH Afterschool Network (NHAN), Family Support NH through the New Hampshire Children's Trust, Head Start Parent Advisory Council.
- ☐ Other. Describe N/A

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/Territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the Federal, State/Territory, and local levels for children in the programs listed below.

- 1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O)) Please describe the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school, enhancing and aligning quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. **NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.**

- X [REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-**or locally**-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.). Describe DHHS currently has a Memorandum of Agreement (MOA) with Head Start that allows Head Start programs to work with child care programs for full day care. This allows the child care program to be paid for the hours that a child is away from the child care program and attending the Head Start program. Over the next three years, the MOA will be evaluated to determine its effectiveness and updated as necessary and practicable to improve (e.g., increase program participation in) the Child Development Bureau/Head Start wrap-around option. NH does not require that public Kindergarten be offered for full day, therefore it is difficult for families to transport children to/from a child care program to Kindergarten and back. Child care programs cannot bill DHHS when the

child is away at public Kindergarten. However, DHHS will pay for the cost of child care if a child attends a private child care or Kindergarten program instead of the public Kindergarten program. DHHS does not currently pay for child care services when a child leaves a child care program to attend a Preschool Special Education program, and then returns. DHHS will monitor whether or not the annual absentee allotment is sufficient to cover these absent times for children when their service level drops and thereby reduces payment to the provider and increases cost to the parent, or if another option needs to be explored to cover these costs.

- X [REQUIRED, IF APPLICABLE] Tribal early childhood programs. Describe, including which **Tribe(s)** coordinating with _____
- X Check N/A if no **Indian Tribes** and/or Tribal **organizations** or programs **in** the State.
- X [REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities. Describe The CDB Child Care Scholarship Program offers additional reimbursement to child care providers serving infants, toddlers, and older children experiencing significant special needs. Reimbursements are: for full time, \$50 per week, for half time, \$30 per week, and for part time, \$15 per week.
- X [REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento **Homeless Education Assistance** Act). Describe Many homeless families are not working, which makes them ineligible for the NH Child Care Scholarship. However, a parenting youth/teen who is attending school is eligible because of their school activity. Through the Collective Impact group in Belknap County, participating child care providers can establish a MOU with local homeless shelters to provide some child care services with the cost being covered by private funders. These families are categorically eligible for Head Start, even though the parent is not working. NH will explore the possibilities of connecting these families with Head Start, or where available, an Early Head Start-Child Care Partnership program. DHHS will work with Child Care Aware® of NH and the McKinney-Vento Homeless Coordinator to establish relationships between McKinney-Vento homeless liaisons in the schools and child care programs to identify young children who may not be school-age, but require child care services or for school-age children who require before and/or afterschool care. DHHS will also work with child care providers to identify families who may not identify themselves as homeless, but meet the McKinney-Vento definition of homeless and to connect these families to resources in their community.
- X [REQUIRED] Early childhood programs serving children in foster care. Describe DHHS not only provides services to children in foster care (protective child care), but also to at-risk families who do not have an open case with DCYF, but are working with a local Family Resource Center (preventive child care). The following children are exempt from the wait list: 1) at risk of entering foster care/preventive, and 2) in foster care/protective services. In addition, children who were in preventive or protective care remain exempt for 90 days following the close of protective or preventive services. Foster families must be in a work or training activity, but their income does not count in determining eligibility. At-risk families

must be working with, and approved by, their local Family Resource center to receive preventive care. Cost share for these families is waived on a case-by-case basis. Most child care providers who serve children in preventive or protective care, also serve children in employment-related care, so children do not have to transition from one program to another. DHHS plans to work with child care programs serving children in protective or preventive care to strengthen their knowledge and skills to deliver trauma-informed services.

- X State/Territory agency responsible for child care licensing. Describe The Child Care Licensing Unit is able to offer a waiver for the Director and staff qualifications to be the same as the qualifications for school age program staff when a program located in a public school offers care for children who attend a half-day kindergarten program. Under statute programs operating more than 5 hours cannot be licensed as a school-age program, therefore without the waiver, programs would be required to hire staff with greater qualifications and might not be able to offer this service. This allows children to stay in the same setting (same school) rather than transitioning to another site and meets the needs of working families in not having to arrange for mid-day transportation. CCLU informs the CDB and Child Care Aware® of NH whenever a program's license is revoked, and provides families with the number for Child Care Aware® of NH to hasten and facilitate the process of assisting families in finding a new child care provider. The CDB will continue to work with the CCLU in its rule revision process to address rules that affect quality and access.
- X State/Territory agency with Head Start State collaboration grant. Describe The Child Development Bureau and Head Start Collaboration Office (HSCO) will identify areas for collaboration/coordination within the respective Federal plans, as has been the practice in NH for more than a decade. The planning process for the HSCO 5-year Federal plan, to be submitted on April 1, 2016, will include joint activities/implementation strategies with the Child Development Bureau CCDF Plan as applicable. For example: 1) Evaluating and updating the DHHS/DCYF—Head Start MOA wrap-around services section to increase utilization of this option 2) Engaging families in leadership activities (such as the annual Head Start Parent Advocacy Day and the Institute on Disability Leadership Series), participating in shared consumer education activities through the work of the Spark NH Quality Committee and Family Engagement Task Force, and jointly promoting the adoption/implementation of the Head Start Parent, Family and Community Framework and the US Department of Education Dual Capacity Framework, 3) Recruiting and retaining a qualified and effective child care workforce via multiple statewide initiatives aimed at professional development (e.g., Safe Schools/Healthy Students project on positive behavioral supports; Project LAUNCH and Watch Me Grow, promoting valid, reliable developmental screening, referral and follow up; working with the Pyramid Model Consortium for NH to become the 27th Pyramid Model State; promoting and braiding funding to support early childhood professionals to acquire the New Hampshire Early Childhood Credentialing System's Early Head Start option and the Early Childhood and Family Mental Health Competency credential; and 4) Collaborating on the QRIS.

- X State Advisory Council authorized by the Head Start Act. Describe Spark NH, the NH State Advisory Council, consists of public and private agency members working in partnership. Spark NH completed a comprehensive coordinated plan for early childhood to provide accessible, high quality, and sustainable services, with a goal to reach all children and families as early as possible with needed services and supports. This plan emphasizes genuinely including and effectively accommodating children with special needs. The targeted population is a continuum from prenatal through 3rd grade. Through utilizing and enhancing public-private partnerships, the plan seeks to ensure stability and continuity of services, and to ease access for families and transitions for children. The plan addresses essential functions of a comprehensive coordinated plan including; leadership and governance, communications and public awareness, planning and policy development, quality early childhood programs and services, funding and sustainability, and workforce and professional development.
- X State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe New Hampshire has one EHS/CC Partnership and one Early Head start expansion grant. The CDB and HSCO will assist these grantees with state-level barriers to the partnerships by collaborating with other state agencies/bureaus to generate solutions, which may include policy changes.
- X McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons. Describe DHHS has already established a relationship with the McKinney-Vento State coordinator and has attended a workshop for McKinney-Vento liaisons. DHHS will strengthen this relationship and that between Child Care Aware® of NH with the school McKinney-Vento liaisons to identify children who may not be school-age, but requires child care services, as well as for school-age children in need of before and/or afterschool care.
- X Child care resource and referral agencies. Describe Child Care Aware® of NH provides the opportunity for follow-up with every family that calls for referrals, whether by phone, email or mail. The survey asks families what their unmet needs were. Child Care Aware® of NH is then able to provide Technical Assistance to communicate those needs to programs that are considering expanding, so that programs may ascertain whether or not it is feasible to try to meet one or more of those expressed needs. Child Care Aware® of NH provides professional development opportunities aimed at improving quality. These include Leadership Summits and Director Collaboratives that address issues of quality such as developmental screening, appropriate learning environments, competencies, recruiting and retaining qualified staff, communities of practice, Strengthening Families, and trauma-informed training. Another popular professional development opportunity focused on quality from a health and safety perspective is the annual Caring for Our Children: Health, Safety, Nutrition and Wellness conference which is replicated several times during the year in different parts of the state. Quality issues are also addressed in the “Monthly Minutes” electronic newsletter which is

- distributed to their extensive email list consisting of teacher, directors and other early childhood professionals who request to be included. To ensure continuity of care, Child Care Aware® of NH receives notification directly from the Child Care Licensing Unit when a program's license has been revoked, and families are given the contact information for Child Care Aware® of NH so they can act quickly to refer families to other local programs that may have vacancies.
- X State/Territory agency responsible for public education. Describe Several School Administrative Units (SAU)/districts have piloted or established programs that help ease transitions for children between local early childhood programs and schools. One large SAU has identified at-risk children and offered a month-long transitional program to children in the summer where they can participate in a school-like day in preparation for school attendance in the fall. Another SAU has partnered with child care programs to provide music classes for local child care programs, access to the school gymnasium for gross motor play on bad weather days and transportation, when feasible. A third SAU has monthly meetings with local child care programs and shares professional development opportunities.
- X State/Territory institutions for higher education, including community colleges. Describe DHHS provides tuition assistance toward early childhood coursework to individuals who are employed in a child care setting. This quality initiative is aimed at increasing the qualifications of staff, so that, not only do they improve their competencies, but as they do so, they find more satisfaction in their job and tend to stay, thus providing a greater continuity of care for children and families. DHHS holds quarterly meetings of the Institutes of Higher Education (IHE) Round Table, which includes community colleges to understand the needs and challenges of the IHEs and to align curriculum with priorities in the Plan. Priorities may include, but not be limited to, training in the use of Positive Behavior Intervention and Support (PBIS) to enable teachers to include all children in early childhood programs, except in extraordinary circumstances; trauma-informed care; and serving vulnerable populations, such as families experiencing homelessness.
- X State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe CACFP monitors programs for compliance and provides technical assistance to make improvements regarding nutrition and other quality indicators. The food reimbursements allow providers to provide nutritious meals, thus reducing the burden on families to prepare and provide meals, ensuring that children are receiving healthy meals, keeping costs reasonable for families, and sometimes enabling programs to provide dinner as well. CACFP offers training for child care providers, including an annual conference to assist providers in understanding and meeting the requirements of the food program, as well as enhancing the quality of the services/food that they provide.
- X State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe DHHS will continue to attend quarterly Young Children meetings to collaborate with WIC, nutrition, and childhood obesity prevention. DHHS is including a nutrition and physical activity standard in its revised QRIS that

- addresses, through self-assessment and goal-setting, nutrition (including breast-feeding support) and childhood obesity prevention.
- ☐ **Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe _____**
 - X State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. Describe DHHS will continue to attend quarterly Young Children meetings to collaborate with the Maternal and Child Health Home visiting programs.
 - ☐ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe _____
 - X State/Territory agency responsible for public health. Describe DHHS will continue to attend quarterly Young Children to positively impact the health of young children through collaboration with various public health programs, such as, but not limited to tobacco and second-hand smoke exposure, lead poisoning, and immunizations.
 - ☐ State/Territory agency responsible for **mental health. Describe** DCYF has partnered with the NH Children's Behavioral Health Collaborative, which is an organization of more than 50 organizations and hundreds of individuals to transform the behavioral health system. This evidence based approach, called the NH System of Care, is designed to pull together disparate systems into one organized and coherent response based on what families want and need. It brings into place an array of services and supports for children and youth with or at risk for mental health challenges and their families. Its emphasis is on helping the child function better at home, in school, in the community and obtain positive life outcomes. Children receiving. This allows children with specialized behavioral health needs to obtain services in their own communities through the F.A.S.T Forward program in an effort to avoid entering into the DCYF system. Head Start and child care programs can help families access services.

DCYF has also partnered with Dartmouth College's, Geisel School of Medicine, Dartmouth Trauma Treatment and Interventions Center, to ensure that all children entering the child welfare and juvenile justice systems receive a screen for trauma and if positive, receive an evidence practice to treat children and families who have experienced traumatic life events. Child care providers have been able to attend Trauma Informed Early Childhood Services (TIECS) training. Preschool Technical Assistance Network (PTAN) consultants will receive intensive training in TIECS for their use in inclusion consultation and technical assistance to child care providers to prevent expulsion.
 - X **State/Territory agency responsible for** child welfare. Describe Children who are receiving preventive or protective care or are within 90 days of this service ending, are not subject to a wait list, when one is in effect. Programs that provide care for children receiving preventive and protective services also care for children not receiving these services, so

- children do not necessarily have to change providers if their preventive or protective services end. DCYF is considering training requirements for preventive and protective providers in Trauma Informed Early Childhood Services (TIECS) to improve their understanding of the effect of trauma on a child's development and behavior and strategies to assist these children in their social-emotional development.
- X State/Territory liaison for military child care programs. Describe There are no active military bases in NH, and only one military child care program in NH at the Cold Regions Research and Engineering Laboratory(CRREL), which is for employees only. DHHS will continue to collaborate with CHILD CARE AWARE® OF NH, who is the liaison for military child care subsidies provided through Child Care Aware® of America.
- X State/Territory agency responsible for employment services/workforce development. Describe One person has served as the representative for the NH Employment Program (NHEP) and TANF and has participated regularly on various Task Forces and committees to complete such projects as the revision of child care scholarship rules, child care scholarship policy, systems changes related to child care changes, particularly representing the specific needs of NHEP and TANF families. The CDB Administrator has met with representatives of TANF and NHEP to consider policies that would assist families who are experiencing a sanction to access child care while curing the sanction.
- X State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe One person has served as the representative for the NH Employment Program (NHEP) and TANF and has participated regularly on various Task Forces and committees to complete such projects as the revision of child care scholarship rules, child care scholarship policy, systems changes related to child care changes, particularly representing the specific needs of NHEP and TANF families. The CDB Administrator has met with representatives of TANF and NHEP to consider policies that would assist families who are experiencing a sanction to access child care while curing the sanction.
- X State/Territory community agencies serving refugee or immigrant families. Describe DHHS has often worked with agencies serving refugee or immigrant families to assist member of these communities to become enrolled as a child care provider and to subsequently bill for child care services rendered. The Enrollment Specialist for the CDB also works with individuals themselves to ensure a timely enrollment process so that child care payments can begin. A representative of the CDB also attends quarterly meetings of the Refugee Advisory Council. DHHS plans to consult with the State agency representing refugee families when developing and implementing health and safety monitoring standards for license-exempt providers.
- ☐ Provider groups or associations. Describe The Seacoast Early Learning Alliance (SELA) is a shared services alliance that helps programs save time and money by pooling their purchasing power to obtain discounts, by sharing human resources, and by utilizing a common website that contains templates and training designed for early childhood programs. When programs improve business practices, and take advantage of economies of

scale and specialization, centers and their constituents benefit. In addition, Directors are able to shift their focus from administrative duties to supporting teachers in the classroom to improve their skills and abilities. The NH Afterschool Network (NHAN) and ACROSS NH, the CDB's afterschool contractor, provide trainings and technical assistance on linking the school day and smoothing transitions from the school day to Afterschool programs and from the school year to summer and back to the school year.

- ☐ Labor organizations. Describe _____
- ☐ Parent groups or organizations. Describe _____
- X Other. Describe The NH Community Loan Fund works to increase the number and the quality of child care and early education opportunities across NH. Through their Child Care Community and Facilities Lending Program they make loans to centers and home-based providers to help them purchase, build, expand, renovate or relocate their facilities. They also believe that early care and education businesses that are well managed and financially stable are better able to provide reliable, high-quality care. To that end, they offer a variety of trainings aimed at building business skills, decreasing costs and increasing revenue. Another service they provide is helping programs seek other public and private funding.

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O))(ii) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer **CCDF funds with additional** funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits (https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC

9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

☐ Yes. If yes, describe at a minimum:

- How do you define “combine” _____
- Which funds will you combine _____
- Goal(s) of combining funds (why?) and expected outcomes, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations _____
- Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?) _____
- How are the funds tracked and method of oversight _____

X No

1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level – State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services. Shared Services: Early Learning New Hampshire (ELNH) is the statewide advocacy group for child care providers and supports providers through a shared service alliance model, the Seacoast Early Learning Alliance (SELA). Providers may join this alliance and pay for a membership to the shared services platform. The State partners with ELNH and SELA to promote the shared services alliance, a best business

practice, as a strategy to improve quality. Child Care Aware® of NH refers providers to ELNH and SELA and also provides technical assistance directly to child care programs. They assist providers in learning about and navigating the shared services platform. Through this platform, providers have access to discounts for a variety of materials and services, business management templates, and free training. More information is available at http://earlylearningnh.org/ece_shared_resources.php.

1.7 Coordination with Local or Regional Child Care Resource and Referral Systems

States and Territories may use funds to establish or support a system of local or regional child care resource and referral organizations (CCR&R) that is coordinated, to the extent determined by the State/Territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (also see section 7.4). If they do, the law identifies specific requirements for that entity or system receiving CCDF funds. (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based **child care centers and family child care homes**, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care **centers and family child care homes** providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

Nothing in statute prohibits States from using CR&R agencies to conduct or provide additional services beyond those required by statute above.

1.7.1 Does the State/Territory fund a system of local or regional CCR&R organizations?

X Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4. If yes,

- ☐ Describe the State/Territory's written agreement or contract with the CCR&R, what services are provided through the CCR&R, **and any other activities for which the State partners with the CCR&R.** The State contracts with Southern New Hampshire Services to provide a statewide system of Child Care Resource and Referral known as Child Care Aware® of NH. The current period covers July 1, 2015 through June 30, 2017, and each contract period is for two years with the option to renew for up to a total of six years. Following are services provided as per the contract:
- The CCR&R contractor (Child Care Aware® of NH) will promote and market high quality, culturally competent, child care resource and referral services statewide to families, providers, businesses and community members.
 - Child Care Aware® of NH will create a comprehensive website that is easily accessible, up-to-date and user-friendly.
 - Child Care Aware® of NH will disseminate marketing materials and information, to promote public awareness, through various means such as hospitals, churches, realtors, libraries, etc.
 - Child Care Aware® of NH will provide statewide child care resource and referral services to families who may or may not be receiving assistance or services from the NHEP or the Department.
 - Child Care Aware® of NH will follow up with clients two to three weeks after an initial referral is taken using a developed evaluation and follow up process using various methods such as phone calls, a paper survey, etc.
 - Child Care Aware® of NH will collaborate with DHHS contractors and other stakeholders to maximize the cost benefit of providing statewide services to families and child care programs.
 - Child Care Aware® of NH will provide web-based services for families and child care providers by using NACCRRAware Suite of Data Services (NDS) to access and maintain the database for the state.
 - Child Care Aware® of NH will ensure that data collection and reports are accurate and consistent statewide.

- Child Care Aware® of NH will ensure the database is updated with current information on a regular basis and will delete any duplicate or unnecessary data.
- Child Care Aware® of NH will provide statewide child care resource, referral, recruitment, and educational training and targeted technical assistance services to licensed center and family based as well as license exempt child care providers.
- Child Care Aware® of NH will provide targeted technical assistance to providers to fill unmet child care needs throughout the state, including but not limited to infant care, special needs care and child care during non-traditional hours.
- Child Care Aware® of NH will provide Child Care Basics Training and other workshops on a statewide level which must include health and safety training.
- Child Care Aware® of NH will market and facilitate training opportunities to ensure child care program staff, statewide, will have the opportunity to meet Child Care Licensing and Federal Office of Child Care training requirements.
- Child Care Aware® of NH will provide technical assistance (TA) services to child care providers and programs with a strength-based approach throughout the state of NH and will place an emphasis on targeted TA.

☐ No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States and Territories must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if **there is** no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers **receiving CCDF** have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.

- Requirements that child care providers **receiving CCDF** have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State/Territory's Statewide Child Care Disaster Plan.

- ☐ Fully implemented and meeting all Federal requirements outlined above. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. **If available, please provide a link to the disaster plan** _____
- X Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
 - Current Status – Describe the State/Territory's status toward **complete implementation** for any requirement(s) not fully implemented (not yet started, partially **implemented**, substantially **implemented**, other) Substantially implemented.
 - **Implementation progress to date – Identify any requirement(s) partially or substantially implemented** The Child Development Bureau in the Division for Children, Youth and Families (DCYF) has released two official forms for child care providers that include guidelines for developing comprehensive emergency preparedness plans based on the Incident Command System (ICS) and strongly recommending that all child care providers complete the online ICS introductory training through the Federal Emergency Management Agency (FEMA). The two forms, *Child Care Center Emergency Preparedness Guide*, and *Family Child Care Emergency Preparedness Guide*, are posted on the New Hampshire Department of Health and Human Services (DHHS) website at:

<http://www.dhhs.nh.gov/dcyf/cdb/early-childhood-resources.htm>.

Each guide includes forms, checklists, and templates designed to lead child care providers through establishing procedures for response actions based on ICS procedures. Procedures for communication, cyber security and backup of records, and child care recovery plans (Continuity of Operations Plans or COOP) are covered, as well as templates to establish procedures for communicating with families and reunifying children and families. The appendix of each guide provides hazard specific checklists with step-by-step response procedures and each guide provides a template for documenting disaster drills.

The Deputy Director, Manager of Policy and Planning, and Child Care Program Improvement Specialist represent DCYF as members of the state Infant, Children and Youth (ICY) in Shelters Work Group for the DHHS Emergency Services Unit. The work of this group is focused on accommodation of infants, toddlers, children and youth, considered as included in populations with functional needs. The ICY group members include pediatricians and nurses who focus on the establishment of procedures for accommodating children with disabilities and special medical needs. Procedures and medical forms are included in the documents currently under consideration by the ICY group as part of the revision and expansion of guidance for emergency operations to include infants, children and youth. Another work group, the Chronic Conditions Management Shelter work group, is further establishing the medical plan, which is shared with the ICY group. The ICY work group has reviewed the Administration for Children & Families *Early Childhood Self-Assessment Tool for Family Shelters* and will adopt this tool as a resource in the shelter guidance.

The Child Development Bureau has established procedures for the continuation of CCDF assistance when programs are closed due to a declared state of emergency declared by the governor. DCYF has developed a draft document, *New Hampshire Child Care Recovery Plan*, focused on a whole community approach to supporting the recovery of child care post disaster. This is currently under review by the Policy and Planning Manager. Included in this document are temporary operating standards for child care spaces and a planning template for documenting child care resources and services post disaster. A “Recovery Continuum for Child Care” in the document highlights support needs along a continuum based on the continuum found in the *National Disaster Recovery Framework, 2011, by FEMA*.

Procedures for staff and volunteer emergency preparedness training and practice drills:

The two emergency preparedness guides previously mentioned contain the following statement:

The Incident Command System (ICS) is a system used by the Federal Emergency Management Agency (FEMA) for disasters. It is recommended that you complete an online training to learn about this system so that you are familiar with the components of ICS that may be in place during disasters such as Hurricane Irene in 2011, which caused so much damage in NH. The training, which will help you to create your plan based on the ICS system, is titled, IS-100.SCA, an Introduction to the Incident Command System for Schools. Training for Emergency Preparedness through FEMA and the ICS will count towards your professional development requirements. You may find the online training at:
<http://training.fema.gov/EMIweb/IS/IS100SCA.asp>

Emergency Preparedness training sessions are also posted in the New Hampshire Professional Registry. CCR&R also provides targeted technical assistance on disaster

preparedness. In addition, the ICY work group has identified and is recommending the following training for staff and volunteers:

http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.9111279/k.8B62/Get_Rady_Get_Safe_Training.htm

<http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-366>

<https://classes.redcross.org>

<http://ncdmph.usuhs.edu/KnowledgeLearning/OnlineLearning.htm>

- **Unmet requirement - Identify the requirement(s) not fully implemented** Unmet requirements are for the provision of child care services in the event of the need for temporary child care and the requirement for enrolled programs to practice drills.
- **Tasks/Activities** – What specific steps will you take to **implement** the **unmet** requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
 - 1) work with the Child Care Licensing Unit to ensure that child care rules include provisions for the continuation of child care services in the event of the need for temporary child care,
 - 2) work with the Child Care Licensing Unit to include the requirement for programs to practice drills is included in their rules
 - Projected start date for each activity 1) in process, 2) in process
 - Projected end date for each activity 1) October 2016, 2) October 2016
 - Agency – Who is responsible for **complete implementation** of this activity Child Care Licensing Unit
 - Partners – Who is the responsible agency partnering with the State/Territory lead agency to complete **implementation of** this activity Child Care Licensing Unit

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children's most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. **Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12.**

The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to "promote involvement by parents and family members in the development of their children in child care settings." States and Territories have the opportunity to consider how information can be provided to parents through the child care

assistance system, partner agencies, and child care sites that will support their role as their children's teacher and advocate. Key new provisions include:

1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
 - a) the availability of child care assistance,
 - b) the quality of child care providers (if available),
 - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify.
 - d) Individuals with Disabilities Education Act (IDEA) programs and services,
 - e) Research and best practices in child development, and
 - f) State/Territory policies regarding social- emotional/**behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.**
2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
 - a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
 - b) Aggregate annual information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse **in child care settings.**
 - c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services.

(658E(c)(2)(E)(i)(1))

2.1.1 Describe how the State/Territory informs families of availability of services.

- a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?) Eligible families are identified through an application process

at one of eleven district offices located throughout NH where eligibility for programs is determined. Additionally, outreach is made to potential eligible families through information distribution through state, community and contracted partners, such as: Child Care Aware® of NH, a CCR&R program through Southern New Hampshire Services, the NHEP, and Family Resource Centers in district office catchment areas.

- b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations.

The following partners help with outreach to vulnerable or low-income populations:

- Child Care Aware® of NH
- Early Head Start
- Head Start
- Community Action Programs
- New Hampshire Child Care Licensing Unit
- Family Resource Centers
- Community mental health agencies
- Hospitals
- City/town welfare offices
- New Hampshire Division for Client Services
- New Hampshire Employment Program (NHEP)
- New Hampshire Department of Education
- Area SAU's-public schools
- New Hampshire Family Centered Early Supports and Services (FCESS)

- c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach)?

NH DHHS uses the following strategies for outreach:

- Consumer education websites maintained through the New Hampshire Department of Health and Human Services (DHHS) and Child Care Aware® of NH.
- Child Care Scholarship Program brochures posted and disseminated at NHEP offices, Workplace Success sites and district offices
- Presentations at New Hampshire Employment Program (NHEP) mandatory participant orientation
- Referrals from community, state and contracted partners
- Child Care Resource and Referral (Child Care Aware® of NH) contracted activities: established a collaborative relationship and partnership with the NHEP co-located in district offices across the state, individualized support, consumer education and referral to access child care assistance and options for child care, comprehensive website-with

up to date consumer information and outreach to community and state stakeholders serving potential eligible families.

- Provider organization relationships: (Early Learning NH, Seacoast Early Learning Alliance, Child Care Aware® of NH and ACROSS NH) members are given updated information to provide consumer education to the families they serve
- Spark NH-New Hampshire's Early Childhood Advisory Council website and activities

2.1.2 How can parents apply for services? Check all that apply.

- X Electronically via online application, mobile app or email. Provide link <https://nheasy.nh.gov/>
- X In-person interview or orientation. Describe agencies where these may occur New Hampshire Department of Health and Human Services-Division for Client Services regionally located district offices
- X Phone
- X Mail
- ☐ At the child care site
- ☐ At a child care resource and referral agency
- X Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations. Describe NH Easy online portal <https://nheasy.nh.gov/>
- X Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe Currently, DHHS employs a "one door" policy that allows eligible families to apply for all potential assistance groups with one application.
- ☐ Other strategies. Describe _____

2.2 Consumer and Provider Education Information

The CCDBG Act of 2014 added a purpose of the child care program "to promote involvement by parents and family members in the development of their children in child care settings." (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- Information about the availability of the full diversity of child care services that will promote informed child care choices,

- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP) for which families may also qualify,
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including **all domains of early childhood development, including** social and emotional development, **cognitive**, and physical health and development (particularly healthy eating and physical activity), and **meaningful parent and family engagement**,
- State/Territory policies regarding the social-emotional/behavioral **and early childhood mental** health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (**children from birth to five for purposes of this requirement**) in early childhood programs receiving CCDF.

X Yes. The State/Territory certifies that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.8 below.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward **complete implementation** for any requirement(s) not fully implemented (not yet started, partially **implemented**, substantially **implemented**, other) _____
 - **Implementation progress to date – Identify any requirement(s) partially or substantially implemented** _____
 - **Unmet requirement - Identify the requirement(s) not fully implemented** _____
- Tasks/Activities – What specific steps will you take to **implement** the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____

- Projected end date for each activity _____
- Agency – Who is responsible for **complete implementation** of this activity _____
- Partners – Who is the responsible agency partnering with to complete **implementation of** this activity _____

2.2.2 Describe how the State/Territory makes information **available** about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to **access**.

a) Describe how the State/Territory makes information about the full diversity of child care services available to parents of eligible children, providers and the general public Information is made available through the contracted services with Child Care Aware® of NH and established partnership with other community and state programs serving potentially eligible families. Information is also made available on the DHHS website.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) Child Care Aware® of NH provides information by phone, email, in-person at the district offices through the NHEP orientations and at various community meetings, events, and on the Child Care Aware® of NH website. Information provided to families includes child care referrals specific to the family's needs and desires for child care, types of care available, how to look for and choose quality child care. Providers receive information and resources through professional development training and targeted technical assistance. These efforts encompass assistance, support and training on program expansion and sound business management practices. Information to the community and/or general public may include various early childhood resources, information and data relevant to early childhood.

The DHHS website includes information about the NH Child Care Scholarship, billing and payment practices, and licensing rules and regulations. DHHS strives to write materials at a 6th to 8th grade reading level and provides a translation feature that will translate information found directly on the website. At this time, the website does not have the capability to translate documents linked on the website. This is also true of the materials provided through Child Care Aware® of NH. The readability level of materials provided is considered.

c) Describe who you partner with to make information about the full diversity of child care choices available

Information regarding the full diversity of child care choices available is disseminated by the following:

- DHHS Child Care Licensing Unit
<http://childcaresearch.dhhs.nh.gov/Mylicense%20Verification/Search.aspx?facility=Y>
- Child Care Aware® of NH
<http://nh.childcareaware.org/>
- 2-1-1-Support services of New Hampshire
<http://www.211nh.org/>

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

a) Describe how the State/Territory makes information about child care quality available to parents of eligible children, providers and the general public

- Child Care Aware® of NH provides information on child care quality in the referral packet when families call for child care referrals or in-person when a family meets with Child Care Aware® of NH staff at the district offices or NHEP orientations. Information about quality is also part of the online referral packet when families do an online search through the Child Care Aware® of New Hampshire website <http://nh.childcareaware.org/families/why-quality-matters/>.
- New Hampshire Department of Health and Human Services website includes information on the levels of quality in NH (Licensed, Licensed-Plus and Accredited), Licensed-Plus standards, programs that have achieved Licensed-Plus recognition, and information on Let's Grow! NH Resource Page (a cross-sector collaboration promoting healthy eating, breastfeeding, physical activity, and safe sleep) to improve quality: <http://www.dhhs.nh.gov/dcyf/cdb/quality.htm>
<http://www.dhhs.nh.gov/dcyf/licensedplus/index.htm>
<http://www.dhhs.nh.gov/dcyf/licensedplus/providers.htm>
<http://www.dhhs.nh.gov/dcyf/cdb/lets-grow-nh.htm>
DHHS strives to write materials at a 6th to 8th grade reading level and provides a translation feature that will translate information found directly on the website (not documents linked to on the website). DHHS also makes information available through various in-person and webinar trainings.
- The Spark NH Quality Committee created information cards for providers and families, respectively, on quality early childhood programs, which are broadly disseminated via the Spark NH website (<http://sparknh.com/quality-of-early-childhood-programs-and-services>) and by early childhood programs and partners.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

- Child Care Aware® of NH provides electronic and written referral information packet about quality child care and the NH Quality Rating System that includes Licensed, Licensed Plus and accredited programs. Families who call for referrals or meet in person with Child Care Aware® of NH staff are informed about the NH quality ratings during the phone conversations and/or in person meetings.
- The Child Care Aware® of NH website displays a page about quality child care that includes information about the NH quality ratings: <http://nh.childcareaware.org/families/why-quality-matters/>

- The DHHS website displays information about quality including the quality ratings in New Hampshire: <http://www.dhhs.state.nh.us/dcyf/cdb/quality.htm>

c) Describe who you partner with to make information about child care quality available

- Child Care Aware® of NH, the state-contracted CCR&R
- ACROSS NH, the state-contracted training and technical assistance provider to school-age programs
- Early Learning NH, a child care advocacy organization in NH
- Spark NH, the Governor-appointed Early Childhood Advisory Council
- NH Association for the Education of Young Children (NHAEYC), the state affiliate of the National Association for the Education of Young Children.

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs. For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

- a) Temporary Assistance for Needy Families (TANF) Information is provided through a universal application process for all assistance programs at each of the 11 district offices located throughout the state, the online application called NH Easy, and on the DHHS website: <http://www.dhhs.nh.gov/dfa/tanf/index.htm>. In addition, the Child Care Aware® of NH website provides information and links as it relates to the NH Child Care Scholarship Program <http://nh.childcareaware.org/financial-assistance-for-child-care/>
- b) Head Start and Early Head Start Programs Child Care Aware® of NH referral process and website <http://nh.childcareaware.org/families/family-resources/> that shares a comprehensive list of resource websites and materials.
- c) Low Income Home Energy Assistance Program (LIHEAP) Family Service Specialists (FSS) at the District Offices will refer families needing fuel assistance to their local Community Action Program (CAP).
- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) Through a universal application process for all assistance programs at each of the 11 district offices located throughout the state, the online application NH Easy, and the Child Care Aware® of NH website: <http://nh.childcareaware.org/families/family-resources/> that shares a comprehensive list of resource websites and materials.
- e) Women, Infants, and Children Program (WIC) Child Care Aware® of NH website <http://nh.childcareaware.org/families/family-resources/>. Additionally WIC is referenced in

- our online eligibility application-NH EASY and a FSS would refer families needing WIC assistance to the local Community Action Agency for this program.
- f) Child and Adult Care Food Program(CACFP)
 - g) Medicaid Through an universal application process for all assistance programs at each of the 11 district offices located throughout the state, the online application NH Easy, and the Child Care Aware® of NH website: <http://nh.childcareaware.org/families/family-resources/> that shares a comprehensive list of resource websites and materials.
 - h) Children's Health Insurance Program (CHIP) Through an universal application process for all assistance programs at each of the 11 district offices located throughout the state, the online application NH Easy, and the Child Care Aware® of NH website: <http://nh.childcareaware.org/families/family-resources/> that shares a comprehensive list of resource websites and materials.
 - i) Individuals with Disabilities Education Act (IDEA) DHHS/Bureau of Developmental Services/Information for Families <http://www.dhhs.nh.gov/dcbcs/bds/families.htm>. The Know Your Rights Parent Handbook is provided in both English and Spanish.
 - j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten) Child Care Aware® of NH provides information to families about the referral process for preschool special education. NH does not have a universal state pre-kindergarten program.
 - k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) Medicaid-eligible families would be referred to Home Visiting through one of the other programs these families would be accessing. Information about the program can be found at: <http://www.dhhs.nh.gov/dphs/bchs/mch/home.htm>
- 2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?
- a) Temporary Assistance for Needy Families (TANF) Through a link to the NH Department of Health and Human Services on the Child Care Aware® of NH website: <http://nh.childcareaware.org/providers/online-providers-resources/>
 - b) Head Start and Early Head Start Programs Through a link to the Administration for Children and Families (ACF) on the Child Care Aware® of NH website : <http://nh.childcareaware.org/providers/online-providers-resources/>
 - c) Low Income Home Energy Assistance Program (LIHEAP) Through technical assistance (TA) provided by Child Care Aware ® of NH
 - d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)) Through a link to the NH Department of Health and Human Services on the Child Care Aware® of NH website : <http://nh.childcareaware.org/providers/online-providers-resources/>

- e) Women, Infants, and Children Program (WIC) Through a link to the NH Department of Health and Human Services on the Child Care Aware® of NH website:
<http://nh.childcareaware.org/providers/online-providers-resources/>
- f) Child and Adult Care Food Program(CACFP) Through Child Care Aware® of NH website:
<http://nh.childcareaware.org/providers/online-providers-resources/>
- g) Medicaid) Through a link to the NH Department of Health and Human Services on the Child Care Aware® of NH website: <http://nh.childcareaware.org/providers/online-providers-resources/>
- h) Children's Health Insurance Program (CHIP) Through a link to the NH Department of Health and Human Services on the Child Care Aware® of NH website:
<http://nh.childcareaware.org/providers/online-providers-resources/>
- i) Individuals with Disabilities Education Act (IDEA)) Through a link to the NH Department of Health and Human Services on the Child Care Aware® of NH website:
<http://nh.childcareaware.org/providers/online-providers-resources/>
- j) Other State/Federally Funded Child Care Programs (example-State Pre-K) N/A
- k) **Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)** Through a link to the NH Department of Health and Human Services on the Child Care Aware® of NH website: <http://nh.childcareaware.org/providers/online-providers-resources/>

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including **all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement.**

(658E(c)(2)(E)(VI))

- a) Describe how the State/Territory makes information about research and best practices in child development available to parents of eligible children, providers and the general public Information is made available through our community and state partnership websites and printed materials aimed at increasing the knowledge of parenting and child development to build capacity and understanding. It is also provided through professional development, training, and technical assistance.
- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) Through contracted services and partners, we disseminate information via websites, training, tiered and targeted technical assistance, and written materials about:
 - Early Learning Standards, aspects of quality child care, video and link to VROOM, (Child Care Aware® of NH)
 - Child Care Aware® of NH also provides the Child Care Basic trainings which encompass child development, including social/emotional development.
 - NH Early Learning Curriculum Guidelines and Preschool Outcomes for Young Children with Disabilities Ages 3-5, Kindergarten Readiness Indicators, Kindergarten

to Grade Three Standards and Competencies, NH State Board of Education statement on the Importance of Early Learning (DOE)

- Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health)(which seeks to build strong social and emotional skills for children, in addition to physical and cognitive development), resources on the advancement in the science of development, resources on the importance of healthy early childhood development, resources for parents on child development, health and safety, school success, and parenting (Spark NH)
 - Preschool Technical Assistance Network for prevention of child care expulsion (PTAN)
 - Child development information (including a link to Text4Baby), information on Family Centered Early Supports and Services (FCESS), Watch Me Grow (developmental screening practices), resources for families, but particularly those who are at risk or have special developmental needs (Bureau of Developmental Services/Family Centered Early Supports and Services)
- c) Describe who you partner with to make information about research and best practices in child development available The following partners make information available on their websites: Child Care Aware® of NH, Preschool Technical Assistance Network (PTAN), Spark NH and the NH Department of Education, Bureau of Developmental Services/Family Centered Early Supports and Services (FCESS),

2.2.7 Describe **how information on** the State/Territory’s **policies** regarding the social-emotional/behavioral **and early childhood mental** health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five **for purposes of this requirement**), in early childhood programs receiving **CCDF is collected and disseminated to parents, providers and the general public.** (658E(c)(2)(E)(i)(VII))

- a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to parents of eligible children, providers and the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:

- i. **Parents:** Through our contracted partnership with Preschool Technical Assistance Network (PTAN) families have access to early childhood mental health consultation services that are individualized to meet the needs of the child and are available by telephone, in person and resource and referral sharing.
Project LAUNCH is an initiative through the Substance Abuse and Mental Health Service Administration (SAMHSA) that is focused in the city of Manchester with links to New Hampshire’s Comprehensive Strategic Plan for Early Childhood.
Three of the initiative’s strategic plan goals include families:
- Utilize best practices to identify primary care patients (parents and children) with behavioral health issues and to integrate successful interventions into practice;

- Improve families' ability to provide effective parenting to support the multi-dimensional needs of children through training and education;
- Improve access to needed services for Project LAUNCH children and families through increased, transportation availability, awareness of services, and culturally and linguistically competent services.

ii. **Providers** Through our contracted partnership with Preschool Technical Assistance Network (PTAN) providers have access to early childhood mental health consultation services that are individualized to meet the needs of the child and are available by telephone, in person and resource and referral sharing. Including individualized professional development support when needed.

Project LAUNCH has three additional strategic plan goals related to providers:

- Increase the number and type of settings providing valid screening and assessment to serve more children
- Increase staff capacity to support children's social-emotional development in early childhood education settings
- Improve the social and emotional well-being of young children through enhance home visiting services.

NH is currently pursuing the possibility of becoming the 27th Pyramid State through the Technical Assistance Center on Social Emotional Intervention (TACSEI) for Young Children. This is an early childhood cross-sector initiative to implement the Pyramid Model of a tiered approach of social-emotional supports for all children to intensive supports for those with the most challenging behaviors and greatest need.

iii. **General public:** PTAN maintains a website that is available to the general public that includes information about inclusive child care including information about the social/emotional development of children, positive behavior interventions, as well as resources and tools to support families in responding to their child's social/emotional needs.

b) **Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available** DHHS currently partners with PTAN, Project LAUNCH, Spark NH, Preschool Special Education, Head Start Collaboration Office, Family Resource Centers, NH Infant Mental Health Association and area community mental health agencies, and Child Care Aware® of NH. These partners connect early childhood programs and families to services and organizations that may meet their child's social-emotional/behavioral needs. Training is also provided.

c) Does the State have a written policy regarding preventing expulsion of:

X **Preschool-aged** children (from birth to five) in early childhood programs receiving child care assistance?

☐ **Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what**

you provide, how you provide and any partners used) and provide a link _____

X No. NH has a near-final version of its policy, but it is yet to be released. Information about the policy and supporting documentation are in development.

X School-age children from programs receiving child care assistance?

☐ Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link _____

X No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening resources and services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays. Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

☐ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency policy citation(s) and: _____

a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened _____

b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays _____

X Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and

paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) July 2016
- Current Status – Describe the State/Territory’s status toward completion **implementation** for any requirement(s) not fully implemented (not yet started, partially **implemented**, substantially **implemented**, other) Partially implemented.
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented :
Providing information on and referring families to existing developmental screening resources and services: substantially implemented through Watch Me Grow, NH’s statewide developmental screening system.
Developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq: substantially implemented through Watch Me Grow, NH’s statewide developmental screening system
A description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: substantially implemented through Watch Me Grow, NH’s statewide developmental screening system
 - Unmet requirement - Identify the requirement(s) not fully implemented
Establish procedures to provide information to families and child care providers on Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.
- Tasks/Activities – What specific steps will you take to **implement** the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
 - 1) Work in partnership with Watch Me Grow NH to include developmental screening in NH’s revised and enhanced Quality Rating and Improvement System (QRIS) as an indicator of quality.
 - 2) Work with EPSDT coordinator to make information about EPSDT available to providers.
 - Projected start date for each activity 1) in process, 2) January 2016
 - Projected end date for each activity 1) May 2016, May 2016
 - Agency – Who is responsible for **complete implementation** of this activity Division for Children, Youth and Families/Child Development Bureau
 - Partners – Who is the responsible agency partnering with to complete **implementation of** this activity Watch Me Grow Steering Committee,

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

- a) How does the State/Territory define substantiated parental complaint.
A substantiated complaint in a licensed child care program is defined as an allegation of licensing rule or statute which has been shown by a preponderance of the evidence that more likely than not the statute or rule was violated. For unlicensed, illegally operating providers or agencies a substantiated complaint would be defined as the preponderance of the evidence showed that the provider or agency was required by statute to be licensed and was not.
- b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format)
Complete records of substantiated complaints are maintained with the program's record while they are licensed, then up to 4 years after a program has ceased operating. After 4 years the complete record of closed programs is destroyed. A database is maintained that includes a history of complaint allegations and whether the complaint was founded or unfounded, for both licensed and unlicensed programs.
- c) How does the State/Territory make substantiated parental complaints available to the public on request
Since 2009, all results from substantiated complaints against licensed programs are available on the public website. The public can also request statement of findings for any substantiated complaint prior to 2009 against a currently licensed program.
- d) Describe how the State/Territory defines and maintains complaints from others about providers
The state does not differentiate between parent complaints and others for licensed providers.

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

X Application in other languages (application document, brochures, provider notices)

☐ Informational materials in non-English languages

☐ Training and technical assistance in non-English languages

X Website in non-English languages

☐ Lead Agency accepts applications at local community-based locations

X Bilingual caseworkers or translators available

☐ Bilingual outreach workers

☒ Partnerships with community-based organizations

☐ Other _____

☐ None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages Spanish and Nepali; text found directly on the DHHS website can be translated into 90 different languages using the translation tool found on each page of the website. DHHS contracts with the Language Bank to provide interpretation services in over 60 languages.

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing **the State/Territory** processes for licensing and monitoring child care providers, processes for conducting criminal background checks **as required by law (see section 5.3)**, and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse **in child care settings**.

The State/Territory **also** must make public certain information about the results of such monitoring **as required by law for both licensed and unlicensed providers receiving CCDF (see section 5.2)** on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring **and inspection reports** on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

☐ Fully implemented and meeting all Federal requirements outlined above. Provide the link to the website and describe how the consumer education website meets the requirements to:

a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). **Describe**

b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers

c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers

- d) Provide annual aggregate information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings [REDACTED]
- e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, **presents the results of monitoring inspections in plain language**, providing frequently asked questions, **is accessible in multiple languages upon request**, differentiating between violations based on risk to children, and easy to locate and navigate [REDACTED]
- X Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) May 2016
 - Current Status – Describe the State/Territory’s status toward **complete implementation** for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other. Partially completed.
 - **Implementation progress to date – Identify any requirement(s) partially or substantially implemented**

The current Child Care Aware® of NH website has tabs for “Families”, “Providers” and “Community”. The “Families” tab includes links to : 1) an “Online Search “ for child care where parents can enter specific information about the types, location, and other desires or needs they have for child care and receive a list of referrals to child care programs that meet their criteria, 2) “All About Child Care in NH” which provides information about the different types of care available and how to search for quality child care, 3) “Why Quality Matters” which provides information about various aspects of quality, how to look for them in a program and why they are important, 4) “Family Resources” which includes brief descriptions and links to various national and state resources that might be useful to families, 5) Financial Assistance for Child Care, which provides information about the NH Child Care Scholarship, Child Tax Credit and Military Assistance, as well as a link to the Child Care Aware® of America report on *Parents and the High Cost of Care: 2014 Report*, and 6) Complaint Policies that explain to parents whom they should contact if they have a concern about a licensed program, an unlicensed program that was referred to them by Child Care Aware® of NH and those services themselves.

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This page also directs families to contact the Child Abuse Report Line if they suspect abuse in any setting. The “Providers” tab includes links to: 1) “Provider Resources”, which provides brief descriptions and links to various professional development, state and national resources relevant to providers, 2) “Technical Assistance”, which informs providers about several specific areas of Technical Assistance that Child Care Aware® of NH provides, 3) “Search for Training” where providers can search on a calendar for trainings being offered throughout the State, and 4) “Training Academy” which provides information about this Child Care Aware® of America “online child care professional education center”. The “Community” tab provides links to: 1) “Community Resources” which provides brief descriptions and links to state and national resources that might be of interest to community members and stakeholders seeking information relevant to early childhood programs and services, and 2) “Data About Child Care”, which provides brief descriptions and links to places where state and national data on early childhood can be found.

- **Unmet Requirement(s) – Identify the requirement(s) that is not fully implemented** 1) Provide annual aggregate information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care setting, 2) links to CCLU website regarding provider-specific information about health, safety or regulatory requirements, 3) update website to be more consumer friendly.

- Tasks/Activities – What specific steps will you take to **implement** the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) create state definition of serious injury in child care; develop a reporting mechanism for providers; develop a mechanism for posting the number of serious injuries and deaths on the website 2) create links to CCLU website regarding provider-specific information, including information about LE providers, 3) redesign Child Care Aware® of NH website as described: DCYF is presently working with Child Care Aware® of NH to update and modify their existing website (www.nh.childcareaware.org) to serve as the Consumer Education Website for NH. The redesigned website will have a new look and feel with the overarching goal of enhancing the site to be more user-friendly, functional and design sensitive to different modalities of technological access (ie. Smart phones, tablets, etc.). In addition, necessary information and resources will be added to better inform both families and early childhood professionals on how to access services, programs and information to meet their needs. Visual cues and icons will be added to assist the consumer in easier accessibility of the site and a search feature will be added for navigational purposes. Frequently Asked Questions will be highlighted with similar search functionality with those FAQ's listed to directly engage consumers to the section of the site that can respond to their questions. A translation feature will also be added to the site. Additional functionality will be added with a live chat feature for families seeking child care or who have child care questions and a section will be added for NH Professional Registry Users to access chat forums, documents, etc. A cross sector group is meeting to ensure that all required and interested groups are represented on the site and resources are accurate.
 - Projected start date for each activity 1)March 2016, 2)August 2016, 3) August 2015
 - Projected end date for each activity 1) June 2016, 2) May 2016, 3) May 2016
 - Agency – Who is responsible for **complete implementation** of this activity New Hampshire Department of Health and Human Services, Division for Children, Youth and Families/Child Development Bureau
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity Southern NH Services serving on behalf of Child Care Aware® of NH, DHHS Child Care Licensing Unit, Division for Public Health Services

3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to “deliver high-quality, coordinated early childhood care and education services to maximize parents’ options and support parents trying to achieve independence from public assistance”; and

“to improve child care and development of participating children.” (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements – and the opportunity for children to form trusting relationships with teachers – are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish **minimum** 12-month eligibility and redetermination periods, requiring that States and Territories have a process to account for irregular fluctuations in earnings, a policy ensuring that families’ work schedules are not disrupted by program requirements, policies to provide for job search of not less than three (3) months, and to describe policies for graduated phase- out of assistance. The definition of an eligible child includes that a family’s assets may not exceed \$1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children pending completion of documentation are also now required. **There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.**

3.1 Eligible Children and Families

At the point in time when eligibility is determined, children must (1) be under the age of 13, (2) reside with a family whose income does not exceed 85 percent of the State’s median income for a family of the same size, and whose family assets do not exceed \$1,000,000 (as certified by a member of such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

3.1.1 Eligibility Criteria Based upon Child’s Age

a) The CCDF program serves children from birth (weeks/months/years) to 13 years (through age 12).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care? (658E(c)(3)(B)), 658P(3))

☒ Yes, and the upper age is one day before the child’s 18th birthday (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity – A child aged 13 through the age of 17 who has a verified physical and/or mental condition which limits the child’s ability to care for himself/herself, or he/she would cause harm to

himself/herself or others without supervision as verified on Form 2690, Verification for a Child Experiencing Significant Special Needs.

☐ No.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

☒ Yes, and the upper age is one day before the child's 18th birthday (may not equal or exceed age 19)

☐ No.

3.1.2 How does the Lead Agency define the following eligibility terms?

- a) residing with – The parent is in the same household, except for temporary absences, while the child remains financially supported by the parent.
- b) in loco parentis – A person who is acting in place of a parent, such as a guardian, aunt, uncle, grandparent with whom the child lives and who provides care. This responsibility need not be ordered by the court.

3.1.3 Eligibility Criteria Based on Reason for Care

- a) How does the Lead Agency define “working, **attending job training and education**” for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

- working Working means that the parent is participating in an activity that is designed to assist them in entering, reentering or remaining in the workforce, including paid internships, performing duties for VISTA, employment, job search, training leading to employment, Basic Education or activities approved by the NH Employment Program, such as workplace training, barrier resolution or job readiness. Employment hours include one hour of commute time per day of work each week, rest time for the parent who works any four or more hours between 10 PM and 6 AM, and study time equal to one hour for every classroom hour within a week. Job search means that the person is seeking employment in compliance with NHEP requirements, by virtue of being registered with the NH Job Match System or in accordance with unemployment benefits. No minimum number of hours is required.
- job training Any post secondary training that is preparatory to employment.
- **attending education** Secondary education that leads to a degree or certificate that is preparatory to employment, including classroom and internet training. Basic Education includes remedial, basic, and alternative education that leads to a high school diploma or equivalent or increases literacy levels. Acceptable programs include high school, General Education

Development, English as a Second Language, and Alternative Basic Education. No minimum number of hours is required.

- b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

☒ Yes.

☐ No. If no, describe additional requirements _____

- c) Does the Lead Agency provide child care to children in protective services?

☒ Yes. If yes, how does the Lead Agency define “protective services” for the purposes of eligibility? Provide a brief description below.

- 1) Definition of protective services – Protective child care is a court-ordered service authorized by a DCYF social worker. It may be provided to children in foster care while the foster parent is working or to children who remain in the parent’s home and the family is involved in a founded report of abuse or neglect pursuant to RSA 169-C:3 XII-a. In the latter case, protective care relieves parents of stress of continuous child care and gives parents the opportunity to correct their abusive or neglectful behavior.

NH has another service called preventive child care aimed at preventing child abuse and neglect by offering services before the escalation to protective services. Preventive child care is authorized for children who remain in the parent's home. Families create a case plan with their local Family Resource Center for short term child care to address issues that lead to abuse and neglect.

- 2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))

☒ Yes.

☐ No.

Note – If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for purposes of CCDF these children are considered to be in protective services and should be included in **the protective services** definition **above**.

☐ No

3.1.4 Eligibility Criteria Based on Family Income

a) How does the Lead Agency define “income” for the purposes of eligibility at the point of determination?

- Definition of income – The total monthly monies received before taxes and other deductions.

b) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum “exit” eligibility level if applicable and below the federal limit of 85% of current SMI. **Note – If the income eligibility limits are not statewide, check here ☐. Describe how many jurisdictions set their own income eligibility limits _____. Fill in the chart based on the most populous area of the state.**

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) \$/month Maximum “Entry” Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) \$/month Maximum “Exit” Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1						
2	\$5,844	\$4,967	\$3,319	57%	\$3,320	57%
3	\$6,768	\$5,753	\$4,186	62%	\$4,187	62%
4	\$8,413	\$7,151	\$5,053	60%	\$5,054	60%
5	\$8,594	\$7,305	\$5,919	69%	\$5,920	69%

Reminder - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal poverty guidelines are available at <http://aspe.hhs.gov/poverty/index.cfm>.

c) SMI Source **and year** 2014 American Community Survey 1-Year Estimate, Median Family Income in the past 12 months (in 2014 inflation-adjusted dollars) by family size

d) These eligibility limits in column (c) became or will become effective on July 1, 2015

e) **Provide the link to the income eligibility limits**

<http://www.dhhs.nh.gov/dcyf/cdb/documents/form-2532.pdf>

3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv))

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

- ☐ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out _____
- X Not implemented. The State must provide a State-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) September 30, 2017.
 - **Current Status** – Describe the **State/Territory's** status toward **complete implementation for any requirement(s) not fully implemented** (not yet started, partially **implemented**, substantially implemented, other) partially implemented
 - **Implementation progress to date** – Identify **any** requirement(s) partially or substantially implemented New Hampshire currently provides seven steps of eligibility up to to 250% of Federal Poverty (FPL) Level. These steps progressively increase the amount the family is required to contribute to the cost of care, which helps prepare families for self-sufficiency.
 - **Unmet requirement - Identify the requirement(s) not fully implemented** Add an additional Step 8 that begins at 251% of (FPL) and continues up to 85% of State Median Income (SMI). Families may not receive initial eligibility at Step 8, but will progress to this step, if during the 12-month eligibility period, the family's income meets or exceeds 251% of FPL. This will be considered the graduated phase-out for these families and eligibility will end at redetermination. Families who are found to be over 251% of FPL at redetermination receive an additional 30 days of eligibility at their previous step, cost share and service level.
 - **Tasks/Activities** – What steps will you take to **implement** the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) Identify and make system changes, 2) Rule change, 3) Inform and train appropriate DHHS staff of changes.
 - Projected start date for each activity 1) in process, 2) January 2016, 3) September 1, 2017
 - Projected end date for each activity 1) September 30, 2017, 2) July 15, 2017, 3) September 30, 2017

- Agency – Who is responsible for **complete implementation** of this activity 1) DHHS/DCYF/Child Development Bureau, New HEIGHTS, NH Bridges, Data Management Unit, 2) DHHS/DCYF/Child Development Bureau and DHHS rules unit, 3) DHHS/DCYF/Child Development Bureau, Division of Family Assistance Policy Unit, Division of Client Services Training Unit
- Partners – Who is the responsible agency partnering with to complete **implementation of** this activity NH Bridges, New HEIGHTS, Data Management Unit, Division of Family Assistance, Division of Client Services

3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory's (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note – this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory's policy related to the fluctuation in earnings requirement.

- ☐ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and **describe the circumstances that cover irregular fluctuations of earnings** pursuant to this requirement _____
- X Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
 - Current Status – Describe the State/Territory's status toward **complete implementation** for any requirement(s) not fully implemented (not yet started, partially implemented, substantially **implemented**, other) Partially implemented

- **Implementation progress to date – Identify any requirement(s) partially or substantially implemented** New Hampshire currently allows for fluctuating income, but only averaged over a maximum of eight weeks. New HEIGHTS has a mechanism to calculate Median Adjusted Gross Income (MAGI) that averages income over the period of a year to obtain a monthly average. It is currently used in Medicaid for individuals whose income changes from month to month and are initially over the income eligibility limits. Once the income is averaged, it does not change during the 12-month eligibility period.
- **Unmet requirement - Identify the requirement(s) not fully implemented** DHHS does not calculate fluctuating income over the course of a year for child care scholarship.
- **Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)**
 - 1) Finalize decision to implement MAGI for child care scholarship for individuals who have seasonal or other types of work schedules that may have irregular earnings over the course of a year,
 - 2) work with New HEIGHTS to implement the MAGI model for child care scholarship,
 - 3) rules changes,
 - 4) inform and train DHHS staff of changes
 - Projected start date for each activity 1) in process, 2) January 2016, 3) January 2016, 4) September 1, 2016
 - Projected end date for each activity 1) December 31, 2015, 2) September 30, 2016, 3) July 15, 2016, 4) September 30, 2016
 - Agency – Who is responsible for complete implementation of this activity DHHS/DCYF/Child Development Bureau, New HEIGHTS, Division of Family Assistance Policy Unit, Division of Client Services Training Unit
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity New HEIGHTS, Division of Family Assistance Policy Unit, Division of Client Services Training Unit

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information. Check the information that the Lead Agency documents. There are no federal requirements for specific documentation or verification procedures.

- X Applicant identity. Describe DHHS requires one or more of the following: his/her birth certificate; his/her marriage certificate; his/her divorce decree, if the name to be used subsequent to a divorce is changed; his/her driver's license or other identification which contains a picture of the individual; or for a legal name change, the court documentation showing the legal name of the individual and the date the name change took effect.
- X Applicant's relationship to the child. Describe DHHS requires one or more of the following: the child's birth record containing the name(s) of his/her parent(s); the adult's birth record; a marriage certificate containing the names of the parties who were married, including any maiden or previous names used; any additional birth or marriage records necessary to show the relationship of the child(ren) to the adult(s) in the assistance group; for a legal guardian,

the court documentation indicating the relationship of the adult to the child as that of a legal guardian; or for a caretaker relative, one or more of the following documentation:

(a) a court order giving the caretaker relative the duty of care, custody, and supervision of the child; (b) a document showing power of attorney for the child(ren) by the caretaker relative with whom the child(ren) lives; or (c) a statement from the child's parent(s) that the caretaker relative is the individual who shall provide care and supervision for the child on his/her behalf.

- X Child's information for determining eligibility (e.g., identity, age, etc.). Describe A child's identity may be verified by one of the following: his/her birth certificate; identification which contains a picture of the individual; or for a legal name change, the court documentation showing the legal name of the individual and the date the name change took effect. The date and place of birth of each child in the assistance group for which the parent is requesting the benefit of a child care scholarship shall be verified by one or more of the following documents: his/her birth certificate; his/her baptismal certificate; or his/her US passport. When a child was not born in the US but has either become a US citizen or been lawfully admitted to the US, his/her birth record and one or more of the following documents shall be submitted to verify date and place of birth and citizenship status: his/her certificate of citizenship or naturalization; or the following US Immigration and Naturalization Service (INS) forms or documentation:

(a) INS Form I-551, Permanent Resident card;

(b) INS Form I-327, Re-entry Permit;

(c) INS Form I-94, Arrival Departure Record, stating that the person has been admitted to the US as a refugee under Section 207(c) of the Immigration and Nationality Act;

(d) INS Form I-94, Arrival Departure Record, stating that the person has been admitted to the US as an asylee under Section 208 of the Immigration and Nationality Act; or

(e) Documentation from INS that the person has lawful temporary or permanent resident status under Section 201 or 302 of the Immigration Reform and Control Act.

- X Work. Describe To document work, DHHS requires: paystubs that indicate the type of income, the gross amount, frequency and source of payment or a statement from the employer indicating start date, expected weekly hours and expected earnings or for self-employment, a parent's current profit and loss statement or the entire IRS tax filing from the previous year.

- X Job Training or Educational Program. Describe For those parents who are not NHEP participants but who are in a training or education program, including any internet training or education programs, the acceptable verification of the training or education shall be a signed and dated statement from the school or training organization indicating: 1) That the parent is enrolled in the program; 2) That the program shall lead to a degree or certificate at the associate's level or less in a specific field of employment; 3) The duration of the program; and 4) The class schedule, including hours of class attendance.

- X Family Income. Describe Any earned or unearned income plus any contributions of monies to the family from any source, verified by a statement from the contributor which indicates the amount, frequency, and expected end date of the contribution.
- X Household composition. Describe At a minimum, the following information shall be provided by the applicant at the time of application for each member of the assistance group: his/her full name, including maiden name, if applicable, and any other names used previously; his/her date and place of birth; his/her current address; a description of the current household composition, such as whether the family lives independently, or with a relative(s) or others, is homeless, or if the child(ren) living with him/her is a foster child.
- X Applicant residence. Describe To verify a current address, any of the following verifications shall be acceptable: rental receipts which show the address of the family; if the home is owned, the deed or mortgage receipts which indicate the address of the family; utility or telephone bills which show the address of the family; or a statement from the current landlord that includes the address of the family.
- X Other. Describe Child experiencing a significant special need(s): When a child is experiencing a significant special need, the following verification requirements apply: 1) The parent or guardian shall authorize the release of information to DHHS by completing section III of Form 2690 "Verification for a Child Experiencing Significant Special Needs" (July 2015), and by signing and dating the form, affirming the following: "By signing below, I authorize this verification to be released to the Department of Health and Human Services. I understand that the information will be held in the strictest confidence and that it will be reviewed by, or shared with, authorized Department of Health and Human Services' staff involved in the authorization of Child Care and Development Fund Scholarships."; 2) The child care provider shall complete section I of Form 2690, "Verification for a Child Experiencing Significant Special Needs" (July 2015), including signing and dating the form and verifying the following: "I certify that the child's special need(s) is significant enough that the child requires additional funds for accommodation or classroom adaptation in the child care setting."; and 3) A licensed professional shall complete section II of Form 2690, "Verification for a Child Experiencing Significant Special Needs" (July 2015), including signing and dating the form, certifying one of the following, as applicable: (a) "I certify that: I am the child's attending physician, physician's assistant, advance practice registered nurse, or licensed mental health professional and am providing ongoing treatment; the child's special need(s) is significant enough that the child requires additional support in a child care setting; and, if the child is 13 through 17 years of age, the child's condition limits the child's ability to care for himself/herself or he/she would cause harm to himself/herself or others without supervision,"; or (b) "I certify that I am a SAU Special Education Director or Area Agency Director and I believe that the child's special need(s) is significant enough that the child requires additional support in a child care setting."

Need for Sleep When Working during the Night: When a parent works at least 4 hours on a night shift between 10:00 pm and 6:00 am, acceptable verification shall be a signed and

dated statement from the parent's employer, or if self-employed, the parent's customer stating the hours of the shift that the individual works each week.

Medical Leave of Absence from Work: If an individual is on a medical leave of absence from work, the following verifications shall be required: 1) A signed and dated statement from the employer stating that the employer has approved the leave of absence and that the individual shall be able to immediately return to his/her job at the end of the leave of absence; 2) A signed and dated statement from a physician or licensed mental health professional describing the reason for the leave of absence and the expected duration of the leave.

Medical Leave of Absence from Job Training or Education: If an individual is on a medical leave of absence from a training or education program, the following verifications shall be required: 1) A signed and dated statement from the institution where the individual attends the training or educational program stating that the leave of absence is approved and that the individual shall be able to immediately re-enter the training or educational program at the end of the leave of absence; and 2) A signed and dated statement from a physician or licensed mental health professional describing the reason for the leave of absence and the expected duration of the leave.

Job Search: When a parent is actively seeking employment, job search is verified by 1) the parent's compliance with the NHEP pursuant to He-W 637.05; 2) by virtue of a parent's registration with the NH Department of Employment Security's NH Job Match System; or 3) in accordance with the NH Unemployment Compensation Benefits.

Parent is seeking employment and housing on the same day: When a parent is seeking employment and housing on the same day, acceptable verification shall be the same as in "Job Search" above. Also required is a statement from the director or head of the homeless shelter or temporary housing indicating what attempts to locate housing the applicant or recipient has made. Temporary housing shall be any non-permanent living arrangement as described in the McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11301.

Person is providing in-home care and the employer will not allow the provider to provide care simultaneously for his/her own child: For individuals who are providing care as a license-exempt provider in the child's home but whose employment is based on the condition described in He-C 6910.06(i), the individual shall provide a document signed by his or her employer verifying that the provider is prohibited from caring for his or her own children while caring for the employer's children as a condition of the individual's employment and that the employer is not a license-exempt child care provider.

Parent has been unable to locate suitable child care in a timely fashion after working with a Child Care Aware® of NH program: For individuals seeking child care through a child care

resource and referral agency pursuant to He-C 6910.10(n)(1), acceptable verification shall be a letter from the child care resource and referral agency stating that the parent has been working with them and child care has not been identified for that specific child.

Parent has been unable to locate child care within the DHHS specified time limit due to a hospital stay: When a child or parent has had an in-patient hospital stay within the past 30 days as described in He-C 6910.10(n)(2), acceptable verification shall be the discharge statement, hospital record, or a statement from the attending physician.

Reminder – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start – Child Care Partnerships (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

3.1.8 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

☒ Time limit for making eligibility determinations. Describe length of time Family Service Specialists (FSS) are required to make an eligibility determination within 30 days of the receipt of a completed application.

☒ Track and monitor the eligibility determination process

☒ Other. Describe Clients are required to provide verification documentation within 10 days of a completed application.

☐ None

3.1.9 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement

Per CCDF regulations, Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization, **however Lead Agencies may wish to re-examine those definitions in light of new purposes articulated in Reauthorization and to promote alignment across programs.** Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State/Territory TANF agency in accordance with section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care. **NOTE:** The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a) Identify the TANF agency that established criteria or definitions:

State/Territory TANF Agency The Department of Health and Human Services, Division of Family Assistance

b) Provide the following definitions established by the TANF agency.

- "appropriate child care" Means the child care provider is: open for the hours and days the parent would need child care in order to comply with work requirements, able and willing to provide child care services including any of those required to address special needs of the children, either licensed or license-exempt for the appropriate age group in accordance with RSA 170E, and providing care that is representative of the quality of child care provided to other children in the community.
- "reasonable distance" Means the distance of the available child care provider from the individual's residence and then to their work activity is not substantially greater than the distance that others living in the same town or city would travel for child care services and then to their work activity.
- "unsuitability of informal child care" Means that the child care provider is license-exempt and was not able to successfully pass the background check required in RSA 170E:7 related to the State central registry and criminal records check, or the child care provider was not able to meet the conditions specified in the employment-related child care program rules He-C 6910.20.
- "affordable child care arrangements" Ensure equal access and can be maintained without undue financial hardship to the family

c) How are parents who receive TANF benefits informed about the exception to individual penalties associated with the TANF work requirements?

- ☒ In writing
- ☒ Verbally
- ☐ Other. Describe _____
- ☒ List the citation to this TANF policy RSA 167:82, II (c)(8); 167:82 II (e) and He-W 637.07

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed \$1,000,000. A check-off on the application is sufficient.

X Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed \$1,000,000 no later than September 30, 2016.

3.2 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

a. Provide definition of “Children with special needs” 1) A “child experiencing significant special needs” means a child through the age of 17 who has a verified medical, physical, developmental, educational and/or emotional disability requiring additional funds for accommodation or classroom adaptation in the child care setting, and 2) Children receiving preventive or protective child care scholarship and describe how services are prioritized. DHHS prioritizes these children by providing a differential payment to child care providers who certify that they need additional funds to care for a child experiencing significant special needs and that a physician, physician’s assistant, advance practice registered nurse, licensed mental health professional or a SAU Special Education Director or Area Agency Director certifies that a child’s significant special need requires additional support. For a child age 13 through 17 years of age, the physician, physician’s assistant, advance practice registered nurse, licensed mental health professional must certify that the child’s condition limits the child’s ability to care for himself/herself or he/she would cause harm to himself/herself or others without supervision. The payment is made weekly based on the child’s full time, half time or part time attendance. The weekly differential payment for full time attendance is \$50, for half time attendance is \$30, and for part time attendance is \$15. These children receive the same eligibility priority as other CCDF-eligible children.

Children receiving preventive or protective child care or who are within 90 days of transitioning out of preventive or protective child care are exempt from a wait list when the parent applies for employment-related child care scholarship. Cost share may be waived for these families on a case-by-case basis.

Child care providers who are serving children with special needs may receive specialized technical assistance to their program at no cost with the express intent of including children in the program and preventing suspension and expulsion.

b. Provide definition of “Families with very low incomes” 1) Families whose income is at or below 100% of the Federal Poverty Level who are not receiving TANF, and 2) Families currently receiving TANF benefits or are within 90 days of TANF benefits ending. Describe how services

are prioritized Families in the first category would be placed on the high priority wait list, where they will be released twice as quickly as those families on the non-priority wait list. Families in the second category are guaranteed to receive child care scholarship.

c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act) Families who are receiving TANF or who have transitioned off TANF in the past 90 days are not subject to a wait list, when one is in effect. Families who are at or below 100% of FPL and not receiving TANF, but may be at risk for becoming dependent on TANF, are placed on a high priority wait list, when one is in effect, and released twice as quickly from the wait list as other CCDF eligible families.

3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children's learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will **make it** significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)(I)(i)(II)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section **as that definition is consistent with the required CCDF administrative data reporting requirements.**

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

☐ Fully implemented and meeting all Federal requirements outlined above. Describe the following:

- a. Procedures to **increase access to CCDF subsidies** for homeless children and families, including the grace period to comply with immunization and health and safety requirements _____
- b. Procedures to conduct outreach to homeless families to improve access to child care services _____
- c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services _____
- X Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
 - Current Status – Describe the State/Territory’s status toward **complete implementation** for any requirement(s) not fully implemented (not yet started, partially **implemented**, substantially **implemented**, other) Partially implemented
 - **Implementation progress to date – Identify any requirement(s) partially or substantially implemented** DHHS met with the Department of Education McKinney-Vento Homeless Coordinator, a group of McKinney-Vento liaisons, the DHHS-contracted homeless shelter coordinators, Child Care Licensing Unit, Child Care Aware® of NH, and New HEIGHTS eligibility system staff to discuss and learn about various aspects of implementing these requirements, including sharing information about each other’s programs and services, as well as possibilities and barriers to implementation.
 - **Unmet requirement - Identify the requirement(s) not fully implemented**

Procedures to increase access to the NH Child Care Scholarship for homeless children and families, including the grace period to comply with immunization and health and safety requirements.

Procedures to conduct outreach to homeless families to improve access to child care services.

Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services.
 - Tasks/Activities – What specific steps will you take to **implement** the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) Work with partners to establish ways to identify children who are experiencing homelessness, 2)

determine if legislative changes are necessary, 3) make legislative changes, if necessary, 4) rule changes, 5) system changes, if necessary, 6) develop training for child care providers, 7) possible amendment to Child Care Aware® of NH contract, 8) inform and train appropriate DHHS staff

- Projected start date for each activity 1) in process, 2) in process, 3) TBD, 4) January 2016, 5) in process, 6) March 2016, 7) February 2016, 8) September 1, 2016
- Projected end date for each activity 1) May 2016, 2) December 31, 2015, 3) TBD, 4) July 15, 2016, 5) September 30, 2016, 6) June 30, 2016, 7) July 1, 2016, 8) September 30, 2016
- Agency – Who is responsible for **complete implementation** of this activity 1) DHHS/DCYF/Child Development Bureau, 2) DHHS/DCYF Child Development Bureau and DCYF Legal Council, 3) DHHS/DCYF Child Development Bureau and DHHS Legal Council, 4) DHHS/DCYF/Child Development Bureau and/or Child Care Licensing Unit and DHHS Rules Unit, 5) DHHS/DCYF/Child Development Bureau, New HEIGHTS, NH Bridges, 6) DHHS/DCYF/Child Development Bureau 7) DHHS/DCYF/Child Development Bureau and DHHS Contract Unit, 8) DHHS/DCYF/Child Development Bureau, Division of Family Assistance Policy Unit, and Division of Client Services Training Unit
- Partners – Who is the responsible agency partnering with to complete **implementation of** this activity NH Department of Education, New HEIGHTS, NH Bridges, DCYF Legal Council, DHHS Legal Council, DHHS Rules Unit, DHHS Contracts Unit, Division of Family Assistance, Division of Client Services, Child Care Aware® of NH

3.3 Protection for Working Parents

3.3.1 Twelve-Month Eligibility

The CCDBG Act of 2014 establishes **a minimum** 12-month eligibility and redetermination **period** for CCDF families. States and Territories are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for **a minimum of** 12 months before the State/Territory redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) & (ii))

Note that this change means a State/Territory may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the State's income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State/Territory may not terminate assistance prior to the end of the 12-month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. Examples of temporary changes include but are not limited to: absence from employment due to maternity or extended medical leave, changes in seasonal work schedule, or if a parent enrolled in training or educational program is temporarily not attending class between semesters.

Describe the status of the State/Territory's establishment of 12-month eligibility and redetermination periods for CCDF families.

- ☐ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe **circumstances considered temporary changes in work, education or training that are not subject to termination** _____
- X Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
 - Current Status – Describe the State/Territory's status toward **complete implementation** for any requirement(s) not fully implemented (not yet started, partially **implemented**, substantially **implemented**, other) Partially implemented
 - **Implementation progress to date – Identify any requirement(s) partially or substantially implemented** New Hampshire currently has 12-month eligibility for child care only cases. Families receiving other programs of assistance are required to redetermine their child care eligibility when they redetermine for other programs.
 - **Unmet requirement - Identify the requirement(s) not fully implemented** New Hampshire will delink redetermination periods for other programs of assistance from child care and have a 12-month eligibility period for child care for all clients. New Hampshire will implement policies that allow for temporary breaks in employment, such as breaks between semesters, medical leave, and seasonal employment to allow children to attend child care, even if the parent is not actively participating in their activity. Parents are still expected to pay their child care costs during this break period and child absentee hours will be deducted from the child's annual absentee allotment for non-attendance at the child care program as designed in the system. Clients will be required to show intent of returning to their activity, the expected end date of the break, as well as proof from the school or employer that they expect to return to their activity. In addition, medical leave will require a doctor's note verifying the necessity of the medical leave and expected duration. Clients who choose not to return to their activity during or at the end of their break, will have their child care eligibility end at that time with a 10-day Advance Notice Period (ANP). Clients who are informed during or at the end of their break that they may not return to their activity, will be given a 92 day job search period (see Section 3.3.2) before eligibility ends. Clients will be expected to comply with the requirements of the 12-month redetermination, even if they are on a break. If still determined eligible, a new 12-month eligibility period will begin with the expectation that

the client will return to their activity. If the client fails to return to their activity, eligibility will end as described above. Eligibility may also end at any time during the 12 months when the parent says they don't need child care and requests that child care be closed. New Hampshire's payment system currently has a mechanism that identifies when no payment has been made on a child's behalf for 90 days from the last date of service. At that time, the child care link will end and payment will not be made for that time period. The parent has 30 days to establish a new link or the child care case will close. This is a safeguard from children being open for child care and not utilizing the service and thereby preventing others who may be on a wait list from receiving services.

- Tasks/Activities – What specific steps will you take to **implement** the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) Identify and make system changes, 2) rule change, 3) inform families and inform and train appropriate DHHS staff of changes
 - Projected start date for each activity 1) in process, 2) January 2016, 3) August 1, 2017
 - Projected end date for each activity 1) September 30, 2017, 2) July 15, 2017, 3) September 30, 2017
 - Agency – Who is responsible for **complete implementation** of this activity 1) DHHS/DCYF/Child Development Bureau, NH Bridges, New HEIGHTS, 2) DHHS/DCYF/Child Development Bureau and DHHS rules unit, 3) DHHS/DCYF/Child Development Bureau, Division of Family Assistance Policy Unit, Division of Client Services Training Unit
 - Partners – Who is the responsible agency partnering with to complete **implementation of** this activity NH Bridges, New HEIGHTS, Data Management Unit, Division of Family Assistance, Division of Client Services, Child Care Aware® of NH

3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option – but does not require them – to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible.

(658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period – the State/Territory may not exercise the option to terminate assistance based on a parent’s non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the **minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.**

Does the State/Territory terminate assistance prior to 12 months due to a parent’s **non-temporary** loss of work or cessation of attendance at a job training or education program?

- X **Yes, the State/Territory terminates assistance prior to 12 months due to parent’s loss of work or cessation of attendance at a job training or education program ONLY. List the Lead Agency’s policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs** New Hampshire is currently revising its policies, as part of the plan described in section 3.3.1 above, to terminate assistance prior to the end of the 12-month eligibility period only following the non-temporary loss of work or cessation of attendance at a job training or education program and after providing a 92 day period of job search. If a parent voluntarily ends their approved employment, job training or educational activity during or at the end of a break, this is considered a non-temporary loss of activity. It will be considered that the parent has had ample time to seek an alternate employment-related activity during the break, and eligibility will end. Clients will need to verify the non-temporary loss of work or cessation of attendance at a job training or education program. Verification of job search through NHEP participation, receipt of unemployment benefits, or by registering with the NH Works Jobs Match system, will still be required, but documentation or verification of job search activities during this 92 day period will not be required. Parents are still expected to pay their child care costs during this 92 day period and child absentee hours will be deducted from the child’s annual absentee allotment for non-attendance at the child care program as designed in the system. If the client resumes work or attendance at a job training or education program during the 92 days, eligibility will continue through the 12-month eligibility period.

- ☐ No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory’s or designated local entity’s requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and

education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

- X Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment New Hampshire has an online application system called *NH Easy*, where clients can create an account which allows them to apply for assistance, complete redeterminations, report changes to their case and read notices online. The system is available on-line from 6:00 AM until 12:00 AM (Midnight) Monday through Sunday. There is a single application for cash assistance, medical coverage, food stamps, child care assistance, Medicare beneficiary assistance, and community long term services and supports. Programs of assistance are linked in the New HEIGHTS eligibility system so that reported information is used across programs. Applicants or clients may upload verification documents into the *NH Easy* on-line system or mail them into a Central Scanning Unit, which scans and uploads them into the client's e-folder. Verifications can also be submitted to the District Office in person, by fax, email or mail and will be uploaded into the client's e-folder. Family Service Specialists (FSS) are notified when documentation is received in the e-folder and have 10 days to act on information received. Through *NH Easy*, clients are able to view when a document has been received and uploaded and the status of the document, processed or unprocessed, within 3-5 days. New HEIGHTS and *NH Easy* both automatically cross-check the clients' SSN (if provided) with their name and date of birth. FSS may also verify birth records through access to NH Vital Records. Client income can be verified through the Work Number, through NH Employment Security to verify unemployment compensation or through a data exchange with the Social Security Administration to verify Social Security Income or State Supplemental Income. When a client is receiving both Food Stamps and the NH Child Care Scholarship, the National Directory of New Hire Information can be used to automatically verify a client's employer. FSS are also able to make collateral contacts to obtain other verifications. Clients may also complete an application over the phone or obtain application forms on line, or by phone or in person at the District Office. Applications or redeterminations may be submitted via fax, email, mail, or in person at the District Office. Telephone applications or redeterminations utilize a phone signature. For Child Care only cases, the redetermination period is 12 months and requires a face-to-face interview. Cases that are TANF Cash and Food Stamps and/or Child Care, require a 6-month redetermination with alternating on-line/mail in and face-to-face interviews. Alternating interviews may be conducted by phone. Clients may report changes via *NH Easy*, over the

phone (24/7), or in writing. Clients will receive notification within five days if further verification is needed.

Policy citations may be found in the NH Family Assistance Manual (FAM) 161, 161.01, 901, 901.01, 905, 911

- ☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) _____
 - Current Status – Describe the State/Territory’s status toward **complete implementation** for any requirement(s) not fully implemented (not yet started, partially **implemented**, substantially **implemented**, other) _____
 - **Implementation progress to date – Identify any requirement(s) partially or substantially implemented** _____
 - **Unmet requirement - Identify the requirement(s) not fully implemented** _____
 - Tasks/Activities – What specific steps will you take to **implement** the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for **complete implementation** of this activity _____
 - Partners – Who is the responsible agency partnering with to complete **implementation of** this activity _____

3.4 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

- 3.4.1 Provide the CCDF copayments in the chart below according to family size **for one child in care**. Note – If the sliding fee scale is not statewide, **check here** ☐. **Describe how many jurisdictions set their own sliding fee scale** _____. Fill in the chart based on the most populous area of the State.

Family Size	(a) Minimum "Entry" Income Level	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b) ?	(d) Maximum "Entry" Income Level	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1	\$0	\$0	0%	\$2,453/mo	\$490.60	20%
2	\$0	\$0	0%	\$3,319/mo	\$663.80	20%
3	\$0	\$0	0%	\$4,186.mo	\$837.20	20%
4	\$0	\$0	0%	\$5,053/mo	\$1,010.60	20%
5	\$0	\$0	0%	\$5,919/mo	\$1,183.80	20%

a) What is the effective date of the sliding fee scale(s)? July 1, 2015

b) Provide the link to the sliding fee scale <http://www.dhhs.nh.gov/dcyf/cdb/documents/form-2532.pdf>

3.4.2 How will the family's contribution be calculated and to whom will it be applied? Check all that apply.

☐ Fee is a dollar amount and

☐ Fee is per child with the same fee for each child

☐ Fee is per child and discounted fee for two or more children

☐ Fee is per child up to a maximum per family

☐ No additional fee charged after certain number of children

☐ Fee is per family

☒ Fee is a percent of income and

☐ Fee is per child with the same percentage applied for each child

☐ Fee is per child and discounted percentage applied for two or more children

☐ Fee is per child up to a maximum per family

☐ No additional percentage applied charged after certain number of children

☐ Fee is per family

☐ Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe _____

☒ Other. Describe Fee is per family and is divided equally among all eligible children who are currently linked to an enrolled provider.

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

☐ Yes, and describe those additional factors using the checkboxes below.

☐ Number of hours the child is in care

☐ Lower copayments for higher quality of care as defined by the State/Territory

☐ Other. Describe other factors _____

☒ No.

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.42(c)). Will the Lead Agency waive family contributions/co-payments for families whose incomes are at or below the poverty level?

☐ Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is \$_____

☒ No, the Lead Agency does not waive family contributions/co-payments.

3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable and not a barrier to families receiving CCDF? Check all that apply.

☐ Limits the maximum co-payment per family. Describe _____

☒ Limits combined amount of copayment for all children to a **percentage** of family income. **List the percentage of the copayment limit and describe** Families are assigned a cost share based on their family income and family size. New Hampshire allows families to become eligible up to, but not over 250% of the Federal Poverty Level. Income is now divided into seven step levels based on the family size and income. A new step 8 will be added as part of the graduated phase out. The cost share is calculated based on a percentage of family income at each step level. The step levels and percentage of income used to determine the cost share are as follows:

Step 1 ≤100% FPL = 4.75%

Step 2 101% ≤ 120% FPL = 7.5%

Step 3 121% ≤ 140% FPL = 10.0%

Step 4 141% ≤ 160% FPL = 12.5%

Step 5 161% ≤ 190% FPL = 14.0%

Step 6 191% ≤ 220% FPL = 17.0%

Step 7 221% ≤ 250% FPL = 20.0%

Step 8 251% ≤ 85% of SMI = TBD

NH is considering revising the percent of family income at Step 6 to 16%, Step 7 to 18% and making Step 8 20%.

☒ Minimizes the abrupt termination of assistance before a family can afford the full cost of care (“the cliff effect”) as part of the graduated phase-out of assistance discussed in 3.1.5. Describe The baseline family cost share will be established upon eligibility. Families will continue to report changes, including income changes, as required by other assistance programs. Income will be evaluated every time it is reported. If income decreases, the cost share to the family will decrease. If income increases, a new cost share and baseline will not be established until the income increase reaches the next step level. Income will be redetermined at each redetermination and a new baseline will be set on current income. In this way, families will experience periodic increases in their responsibility toward paying for the cost of care without experiencing a single large increase. Families whose income exceeds 250% of the FPL during the 12-month eligibility period will remain eligible at a newly established Step 8, until redetermination, at which time, eligibility will end with a 10-day Advance Notice Period (ANP). Families whose income is found to be over 250% of FPL at the time of or within 30 days prior to redetermination, will be given 30 days of extended eligibility beyond the end of the redetermination period with no increase in cost share or step level.

☐ Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying. Describe _____

☐ Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider. Describe _____

☐ Other. Describe _____

4 Ensure Equal Access to High Quality Child Care for Low-Income Children

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory’s payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services

by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

4.1 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2)) NH only offers a certificate for child care. When a parent applies for child care and participates in an eligibility interview, the Family Service Specialist explains the child care scholarship program to the parent and that the parent may choose any provider that meets their needs. If the parent needs help choosing a provider, the FSS refers the parent to Child Care Aware® of NH. If the provider is not already enrolled with DHHS to provide child care services, the parent is given or told how to access a provider enrollment packet. Once the parent is found eligible, a notice of decision is generated to the parent that tells them they are eligible and indicates their certification period. Another notice is generated to the parent and the provider that gives the name of the eligible child, the effective begin and end dates, the step level and the assigned family cost share, and the authorized level of service.

4.1.2 Describe how the parent is informed of the option to choose from a variety of child care categories – such as private, not-for-profit, faith-based providers (if using a certificate), centers, family child care homes, or in-home providers. (658E(c)(2)(A)(i), 658P(2), 658Q)) **Check all that apply.**

- ☐ Certificate form provides information about the choice of providers, including high quality providers
- ☒ Certificate is not linked to a specific provider so parents can choose provider of choice
- ☒ Consumer education materials on choosing child care
- ☒ Referral to child care resource and referral agencies

- ☐ Co-located resource and referral in eligibility offices
- X Verbal communication at the time of application
- X Community outreach, workshops or other in-person activities
- ☐ Other. Describe Child Care Aware® of NH makes weekly visits to the NH Employment Program Orientations, monthly visits to Workplace Success Career Centers, and makes visits to the District Office lobbies to meet with families who may need child care and talk to them about their options for choosing child care. They will also visit Family Resource Centers to talk to families upon request.

4.1.3 Child Care Services Available through Grants or Contracts

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots? (658A(b)(1))) **Note:** Do not check “yes” if every provider is simply required to sign an agreement in order to be paid in the certificate program.

- ☐ Yes. If yes, **describe:**
 - the type(s) of child care services available through grants or contracts _____
 - the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.) _____
 - the process for accessing grants or contracts _____
 - the range of providers available through grants or contracts _____
 - how rates for contracted slots are set **through** grants and contracts _____
 - how the State/Territory determines which entities to contract with for increasing supply and/or improving quality _____
 - **if contracts are offered statewide and/or locally** _____

☒ No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

- ☐ Increase the supply of specific types of care with grants or contracts for:
 - ☐ Programs to serve children with disabilities
 - ☐ Programs to serve infants and toddlers
 - ☐ Programs to serve school-age children
 - ☐ Programs to serve children needing non-traditional hour care
 - ☐ Programs to serve homeless children

- ☐ Programs to serve children in underserved areas
- ☐ Programs that serve children with diverse linguistic or cultural backgrounds
- ☐ Programs that serve specific geographic areas

☐ Urban

☐ Rural

☐ Other. Describe _____

☐ Improve the quality of child care programs with grants or contracts for:

☐ Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs

☐ Programs meeting higher quality standards, such as higher rated QRIS programs, **accreditation** or state pre-k programs that meet higher quality standards

☐ **Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation**

☐ Programs to serve children with disabilities or special needs

☐ Programs to serve infants and toddlers

☐ Programs to serve school-age children

☐ Programs to serve children needing non-traditional hour care

☐ Programs to serve homeless children

☐ Programs to serve children in underserved areas

☐ Programs that serve children with diverse linguistic or cultural backgrounds

☐ Programs that serve specific geographic areas

☐ Urban

☐ Rural

☐ Other. Describe _____

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access The NH Child Care Licensing Unit administrative rules state: "Parents shall be allowed unannounced access to their children at all times, including, but not limited to observation of their children interacting with the children in his/her assigned classroom, and with the child care personnel responsible for his/her care". Child Care

Aware® of NH provides parents seeking child care with information regarding their right to access to their child at any time. A checklist of quality indicators, including child care policies welcoming families into the program at any time is provided with the referral. Information that encourages parents to inquire about access to their children can be found through the Child Care Aware® of NH website.

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. Will the Lead Agency limit the use of in-home care in any way?

☐ Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

☐ Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. Describe _____

☒ Restricted based on provider meeting a minimum age requirement. Describe A child care provider must be a minimum of 16 years of age to be enrolled. This would include an individual providing in-home care. NH will raise the age limit for relatives providing care to age 18 and is considering raising the age for all license-exempt family providers to age 18 regardless of where care is provided or the relationship to the child.

☐ Restricted based on hours of care (certain number of hours, non-traditional work hours). Describe _____

☐ Restricted to care by relatives. Describe _____

☐ Restricted to care for children with special needs or medical condition. Describe _____

☒ Restricted to in-home providers that meet some basic health and safety requirements. Describe Currently, NH does not monitor in-home providers for basic health and safety, but will include these providers in the monitoring of license-exempt providers to be implemented in 2016.

☐ Other. Describe _____

☐ No

4.2 Assessing Market Rates and Child Care Costs

The new law revises the provisions for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the price to parents of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval.

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Internet in an easily interpretable and understandable form.

The State/Territory must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the law requires States and Territories to take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

- ☒ MRS
- ☐ Alternative Methodology. Describe _____
- ☐ Both. Describe _____
- ☐ Other. Describe _____

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology. New Hampshire has conducted two Market Rate Surveys in the required time period due to a NH rule requiring that rates be set according to the New Hampshire Early Care and Education Market Rate Survey (NHECEMRS) conducted every two years. DCYF met with the CCDF Plan Task Force prior to developing and conducting the NHECEMRS to ensure the requirements of the Plan are being met by the NHECEMRS. The Task Force recommended that the Market Rate Survey format continue to be used to provide continuity of data collection from previous surveys. The CCDF Plan Task Force includes a subset of the Spark NH Policy Committee to review the requirements of the Market Rate Survey. Members on this Task Force include representation from the Child Development Bureau, the NH

Division of Family Assistance, Child Care Resource & Referral, Child Care Licensing, New Hampshire Afterschool Network (NHAN), child care program administrators, the NH Legislation, Head Start, Community Action Program, NH Community Loan Fund, Early Childhood advocacy organizations.

- 4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable. To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory. The New Hampshire Early Care and Education Market Rate Survey (NHECEMRS) has an initial mailing to every licensed early childhood and school age program in the state based on a list provided by the NH Child Care Licensing Unit. Follow up telephone calls, sufficient to achieve a minimum 60% response rate, are initiated following an initial response period. To confirm the accuracy of provider responses, rate information is also requested from the NH Child Care Resource and Referral agency for a portion of responding programs. Responses are kept confidential, with only a Final Report provided to the NH Child Development Bureau. Follow-up calls are also made to clarify incomplete or unclear responses.

Describe how the market rate survey reflects variations in the price of child care services by:

- a) Geographic area (e.g., statewide or local markets) The NHECEMRS is conducted on a statewide basis.
- b) Type of provider All licensed child care providers, based on a current list provided by the DHHS Child Care Licensing Unit are sent a survey.
- c) Age of child The NHECEMRS asks for rates for children from birth through “school age”.
- d) Describe any other key variations examined by the market rate survey, such as quality level The NHECEMRS includes information on hourly, daily, weekly, monthly, and annual rates as charged for both full and part-time care; capacity, desired capacity, current enrollment, and attendance; number of scholarship children; profit or not-for-profit status; inclusion of Head Start; and months, days, and hours of program operation. In the survey that is currently being conducted, additional questions will be asked as to whether the program charges the assigned cost share to parents, and whether the program charges parents the difference between the maximum weekly standard rate and their actual charge. In addition, programs will be asked if they are Licensed-Plus or accredited as of the survey date.

4.2.4 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public.

- a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016) NH completed the first Market Rate Survey on November 2, 2014, with data from February 5, 2014 (or February 6, 2014, if the program was closed due to a snow storm that occurred on February 5, 2014) The second Market Rate Survey is in process and will include data relevant to December 2, 2015.
- b) Date report containing results **was** made widely available, no **later** than 30 days after the completion of the report December 2, 2014 and December 19, 2014.
- c) How the report containing results was made widely available **and provide** the **link** where the report is posted **if available** A public presentation of the Market Rate Survey was conducted on the evening of December 2, 2014, at 129 Pleasant St. Concord, NH. The Market Rate Survey was posted on the DHHS website on December 19, 2014 at the following link:
<http://www.dhhs.nh.gov/dcyf/cdb/index.htm>.

4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS) for the following categories. The ages and types of care **listed below** are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory **or reflective of the terms that your State/Territory may use for particular ages.** Please use the most populous geographic region (serving highest number of children). **Note – If the payment rates are not set by the State/Territory, check here ☐.** Describe how many jurisdictions set their own payment rates_____.

- a) Infant (6 months), full-time licensed center care in most populous geographic region
 - Rate \$215.00 **per week** **unit of time (e.g., hourly, daily, weekly, monthly, etc.)**
 - Percentile 50th
- b) Infant (6 months), full-time licensed FCC care in most populous geographic region
 - Rate \$172.50 **per week** **unit of time (e.g., hourly, daily, weekly, monthly, etc.)**
 - Percentile 50th
- c) Toddler (18 months), full-time licensed center care in most populous geographic region
 - Rate \$205.00 **per week** **unit of time (e.g., hourly, daily, weekly, monthly, etc.)**
 - Percentile 50th

- d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
 - Rate \$167.50 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 50th
- e) Preschooler (4 years), full-time licensed center care in most populous geographic region
 - Rate \$180.00 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 50th
- f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
 - Rate \$152.50 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 50th
- g) School-age child (6 years), full-time licensed center care in most populous geographic region
 - Rate \$141.40 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 50th
- h) School-age child (6 years), full-time licensed FCC care in most populous geographic region
 - Rate \$78.22 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 50th
- i) Describe the calculation/definition of full-time care Full time care is considered 31 hours or more per week.
- j) Provide the effective date of the payment rates June 29, 2015
- k) Provide the link to the payment rates <http://www.dhhs.nh.gov/dcyf/cdb/documents/maximum-weekly-standard-rates.pdf>

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care. In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

- ☐ Tiered rate/rate add-on for non-traditional hours. Describe _____
 - X Tiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe Providers receive a rate differential based on the child's service level for the week billed. For full time, the rate is \$50/week, for half time, the rate is \$30/week, and for part time, the rate is \$15/week.
 - ☐ Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe _____
 - X Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe DCYF provides monthly cash incentives to child care programs that participate in NH's voluntary Quality Rating and Improvement System, and have achieved quality designation and are providing services to children receiving child care scholarship. The incentives are based on a percentage of child care scholarship services payments.
 - ☐ Tiered rate/rate add-on for programs serving homeless children. Describe _____
 - ☐ Other tiered rate/rate add-on beyond the base rate. Describe _____
 - ☐ None.
- 4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology The rates for licensed centers and licensed family homes are set at the 50th percentile of the most recent market rate survey (performed every two years) for each of these types of care. The rates for license-exempt family homes are set at 70% of the licensed family rate and the license-exempt center rate is set at 50% of the licensed center rate.
- 4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014. For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary. New Hampshire conducts a Market Rate Survey every two years. A survey was conducted in February of 2014 and results were made available in November of 2014. These rates were used to set new rates that became effective on June 29, 2015. Rates increased in every category of care (based on the age of the child and program type). Since

quality incentives are based on a percentage of the child care scholarship paid in the previous month, the quality incentive payments increase proportionately with the rates. In addition, since July 2014, there has been an increase in the number of children using a quality-rated program. Between July and October 2014, an average of 2,596 children used CCDF scholarship in quality-rated programs per month. The quality stipends alone paid to these programs averaged \$61,966.78 per month. In the same period of 2015, an average of 2,667 children used CCDF scholarship in quality-rated programs, an average increase of 71 children per month. The quality stipends alone paid to these programs for the 71 children averaged \$71,847.91, an average increase of \$9,871.13 per month.

4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

- 4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access – such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

- ☐ Payment rates are set at the 75th percentile or higher of the most recent survey. Describe _____
- ☒ Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs. Describe Families may choose any enrolled provider to care for a child with significant special needs. New Hampshire provides a differential rate to providers who are caring for these children when they are using funds to make accommodations or adaptations for the child.
- ☐ Rates based on data on the cost to the provider of providing care meeting certain standards. Describe _____
- ☐ Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile. Describe _____
- ☒ Data on the proportion of children receiving subsidy being served by high-quality providers. Describe Data shows that 48% of children receiving child care scholarship are in either Licensed Plus or accredited quality designated programs.
- ☒ Data on where children are being served showing access to the full range of providers. Describe Data shows that families receiving the NH Child Care Scholarship utilize 4 different provider types: licensed center, licensed family, license-exempt center, and license-exempt family, friend and neighbor. The percentage of children

receiving care from licensed providers has continued to increase from 91% in 2013 to 94% in 2015.

☐ Feedback from parents, including parent survey or parent complaints. Describe

☐ Other. Describe _____

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

X Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access. Provide the **State/Territory** definition of **how its payment rates are sufficient to ensure** equal access New Hampshire conducts a Market Rate survey every two years to ensure that rates are kept current with the market. A minimum 60% response rate from all licensed providers in the state, both center based and family child care, including family group is required for the survey. The response rate for the 2014 survey was 68.48%. From these rates, NH sets its payment rates at the 50th percentile. Currently, 94% of children utilizing the NH Child Care Scholarship are in licensed care. This is up from 91% in 2013 and 63% in 2009. In addition, 50.5% of children are in either a Licensed-Plus or accredited quality-rated program.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory’s status toward **complete implementation** for any requirement(s) not fully implemented (not yet started, partially **implemented**, substantially **implemented**, other) _____
 - **Implementation progress to date – Identify any requirement(s) partially or substantially implemented** _____
 - **Unmet requirement - Identify the requirement(s) not fully implemented** _____
- Tasks/Activities – What specific steps will you take to **implement** the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____

- Agency – Who is responsible for **complete implementation** of this activity _____
- Partners – Who is the responsible agency partnering with to complete **implementation of** this activity _____

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory's payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory —so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory's payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory.

☐ Fully implemented and meeting all Federal requirements outlined above.
Describe using 4.5.2 through 4.5.3 below.

X Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 20, 2017
- Current Status – Describe the State/Territory's status toward **complete implementation** for any requirement(s) not fully implemented (not yet started, partially implemented, substantially **implemented**, other) Partially implemented.
 - **Implementation progress to date – Identify any requirement(s) partially or substantially implemented** The NHECEMRS shows that 75% of providers charge weekly rates. New Hampshire currently requires providers to bill on a weekly basis and pays providers within a week of receipt of billing. NH is considering various policy options for delinking provider payment from a child's occasional absence and from occasional

program closures (i.e. weather, family child care provider vacation, etc.), 7 selected holidays, and 2 professional development days.

- **Unmet requirement - Identify the requirement(s) not fully implemented**
New Hampshire has not delinked provider payment from a child's occasional absence, holiday or unforeseen circumstance, such as illness.
- Tasks/Activities – What specific steps will you take to **implement** the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) Finalize policy, 2) Identify and make system changes, 3) Rule change, 4) Inform and train providers and appropriate DHHS staff of changes.
 - Projected start date for each activity 1) in process, 2) in process, 3) January 2016, 4) July 1, 2017
 - Projected end date for each activity 1) January 31, 2016, 2) September 30, 2017, 3) July 15, 2017, 4) September 30, 2017
 - Agency – Who is responsible for **complete implementation** of this activity 1) DHHS/DCYF/Child Development Bureau, 2) DHHS/DCYF/Child Development Bureau, NH Bridges, New HEIGHTS, Data Management Unit, 3) DHHS/DCYF/Child Development Bureau and DHHS rules unit, 4) DHHS/DCYF/Child Development Bureau, Division of Family Assistance Policy Unit, Division of Client Services Training Unit, and Child Care Aware® of NH.
 - Partners – Who is the responsible agency partnering with to complete **implementation of** this activity NH Bridges, New HEIGHTS, Data Management Unit, Division of Family Assistance, Division of Client Services, Child Care Aware® of NH.

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. The Lead Agency ...

- ☐ Pays prospectively prior to the delivery of services. Describe _____
- X Pays within no more than 21 days of billing for services. Describe Providers are required to bill DHHS weekly and payments are issued two times each week. For bills submitted by Wednesday, payment is issued by that Friday, and for invoices submitted by Friday, payment is issued by the following Tuesday. Direct deposit is also available to providers.
- ☐ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance. **Describe including the State/Territory's definition of occasional absences** _____

- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe _____
- X Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and describe NH's policy for delinking provider payment from a child's occasional absence also allows for occasional program closures (i.e. weather, family child care provider vacation, etc.), 7 selected holidays and 2 professional development days. Since NH pays weekly by service level based on a number of hours, NH's plan is for each child to have an annual absentee allotment of hours that would be used only when needed to raise the number of hours to the authorized service level. Authorized service levels are as follows: part time 1-15 hours, half time 16-30 hours and full time 31 or more hours. This system was already designed to allow for one absentee day per week if a child's attendance is typically at the upper limit of the child's authorized service level. For example, if a child typically attends 45 hours per week, the child can miss a 9 hour day and still attend for 36 hours and meet the hours for the authorized service level. For this week, no hours would be deducted from the child's annual absentee allotment. If a child's authorized service level is full time, but only attends 28 hours that week, 3 hours will be deducted from his/her annual absentee allotment. Most children fall into this category of only needing a few hours to meet their authorized service level. When a child is absent for a full week, the minimum number of hours to meet the service level will be deducted (31 hours for full time, 16 hours for half time and 1 hour for part time). New Hampshire's goal is to provide an allotment of hours for a child to be absent for 2 full weeks and to cover a yet to be determined number of service level drops.

Programs will be able to bill for 7 specific holidays (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving and Christmas Day). Allowing providers to bill for both Thanksgiving day and the day after means that a child's absentee hours would not be needed to cover the child's absence on that day should their service level drop that week. Programs will also be given an annual allotment of hours that they may use towards program closures and professional development days. These allotments are separate and are not interchangeable. The actual number of hours allotted to each program cannot be exactly equivalent to a number of days, and is still to be determined, but NH plans to allow approximately 5 days of program closure and 2 professional development days. Allowing for 5 days may help a family child care provider take a week off with pay, as other providers do, to refresh and rejuvenate. Hours can be used toward part-day closures such as for delayed openings or early closures. When used, hours

will be deducted from the program's allotment and credited towards the child's attendance. For example, if a program is closed for a day, the program will bill for the hours that the child was expected to be in attendance that day. If the child's typical day consists of 8 hours of care, these 8 hours would be added to the child's cumulative attendance for the week. If this child attended 24 hours, the 8 hours would be added for a total of 32 hours of paid care. This total meets the full time authorized level of service and therefore, no hours will be deducted from the child's absentee allotment.

- X Pays on a full-time or part-time basis (rather than smaller increments such as hourly) NH determines an authorized service level for each child based on the parent's participation in an approved activity and the child's need for care. Service levels are authorized at full time (31 hours or more per week), half time, (16-30 hours per week) and part time (1-16 hours per week).
- ☐ Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.) _____
- X Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment Notices are automatically generated to the family and the child care provider whenever there is a change to the family's eligibility. In addition, providers who bill via the web, can view changes in cost share or parent activity immediately. The web billing application prevents providers from billing for children who are no longer eligible. The web billing application provides reports that allow providers to monitor usage of limited services.
- ☐ Has a timely appeal and resolution process for payment inaccuracies and disputes. Describe DCYF employs a full-time staff member who works with child care providers, district office staff and sometimes the family to resolve payment inaccuracies and disputes. Calls or emails are typically returned the same day, but not later than the next business day. Many issues are able to be resolved in a day or two. Families may file an appeal in writing within 30 days of a notice of ineligibility to the DHHS Appeals Unit. Families may choose within 10 days of the notice to continue to receive child care scholarship pending the results of the appeal. If the DHHS eligibility decision is upheld by the Appeals Unit, the family will be responsible for repaying the amount paid on behalf of the child from the date on the notification of termination or on the date indicated on the redetermination letter until the decision is rendered.
- ☐ Other. Describe _____

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

X Policy on length of time for making payments. Describe length of time Providers are required to bill weekly, but have up to 90 days to bill and resolve payment issues. Payments are issued two times per week. Providers who submit invoices by Wednesday are paid by that Friday, and providers who submit invoices by Friday are paid the following Tuesday.

X Track and monitor the payment process DCYF staff has access to the payment system to view whether a payment has been made, rejected or returned. One staff member is available daily to answer inquiries to minimize delays in payment and/or improper payment.

X Use of electronic tools (e.g., automated billing, direct deposit, etc.) Describe DHHS has a web billing system that allows providers to submit invoices more quickly than paper invoices, view eligible children, and monitor usage of limited services. Direct deposit is available to all providers.

☐ Other. Describe _____

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

X Yes. Describe data sources Child Care Aware® of NH conducts a follow-up survey with families who received referrals. Data from these calls is used to help determine unmet needs, including underserved areas, care for infants and toddlers, care for children with special needs and care during non-traditional hours.

☐ No. If no, how does the State/Territory determine most critical supply needs?

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- X **Technical** assistance

- ☐ Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1)
- X Other. Describe DCYF convenes an Infant/Toddler Task Force for the purpose of improving the quality of settings serving infants, toddlers and their families through professional development, resource sharing and cross sector collaboration. DCYF participates in the annual New Hampshire Association for the Education of Young Children (NHAEYC) professional development committee that develops and implements training series to improve the quality of programs serving infants and toddlers.

b) Children with disabilities

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- X **Technical** assistance support
- ☐ Recruitment of providers
- X Tiered payment rates (as discussed in 4.4.1)
- ☐ Other. Describe _____

c) Children who receive care during non-traditional hours

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- X **Technical** assistance support
- ☐ Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1)
- ☐ Other. Describe _____

d) Homeless children

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☐ **Technical** assistance support
- ☐ Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1)

☐ Other. Describe _____

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q)) Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

☐ Fully implemented and meeting all Federal requirements outlined above.
Describe _____

X Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016

- Current Status – Describe the State/Territory's status toward **complete implementation** for any requirement(s) not fully implemented (not yet started, partially **implemented**, substantially **implemented**, other) Partially implemented.

- **Implementation progress to date – Identify any requirement(s) partially or substantially implemented** DHHS knows where Licensed-Plus and accredited programs are located and numbers of children served.

- **Unmet requirement - Identify the requirement(s) not fully implemented** DHHS needs to identify areas that have significant concentrations of poverty and unemployment and correlate these with the known locations of Licensed-Plus and accredited programs to locate areas where quality programs do not currently exist.

- Tasks/Activities – What specific steps will you take to **implement** the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) identify areas with high concentrations of poverty and unemployment, 2) correlate data between need and availability, 3) decide on investments that need to be made, 4) develop processes and procedures to prioritize investments, 5) implement processes through contracts or other determined means

- Projected start date for each activity 1) January 2016, 2) February 2015, 3) March 2016, 4) April 2016, 5) May 2016
- Projected end date for each activity 1) February 2016, 2) March 2016, 3) April 2016, 4) May 2016, 5) September 30, 2016
- Agency – Who is responsible for **complete implementation** of this activity DHHS/DCYF/Child Development Bureau.
- Partners – Who is the responsible agency partnering with to complete **implementation of** this activity New HEIGHTS, Child Care Aware® of NH, Spark NH, Division of Family Assistance.

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards **do** not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of **Child Abuse Prevention and Treatment Act (CAPTA)**, mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State/Territory is required to certify it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. **(658E(c)(2)(F) Nothing in the statute prohibits the State/Territory from exempting child care providers from licensing requirements. But, if the State/Territory exempts any child care providers from State/Territory licensing requirements, the CCDBG Act of 2014 requires States and Territories to describe how such licensing exemptions do not endanger the health, safety, and development of children receiving CCDF who are cared for by the license-exempt providers. (658E(c)(2)(F)(ii))**

- 5.1.1 The State/Territory certifies that it has licensing requirements applicable to **all** child care services provided within the State. (658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care.

“Family child care home” means “family day care home” as defined in RSA 170-E:2, IV(a), namely “an occupied residence in which child day care is provided for less than 24 hours per day, except in emergencies, for up to 6 children from one or more unrelated families. The 6 children shall include any foster children residing in the home and all children related to the caregiver except children who are 10 years of age or older. In addition to the 6 children, up to 3 children attending a full day school program may also be cared for up to 5 hours per day on school days and all day during school holidays.”

“Family group child care home” means “family group day care home” as defined in RSA 170-E:2, IV(b), namely “an occupied residence in which child day care is provided for less than 24 hours per day, except in emergencies, for 7 to 12 children from one or more unrelated families. The 12 children shall include all children related to the caregiver and any foster children residing in the home, except children who are 10 years of age or older. In addition to the 12 children, up to 5 children attending a full day school program may also be cared for up to 5 hours per day on school days and all day during school holidays.”

“Infant/toddler program” means “day care nursery” as defined in RSA 170-E:2, IV(d), namely “a child day care agency in which child day care is provided for any part of a day, for 5 or more children under the age of 3 years.”

“Group child care center” means “group child day care center” as defined in RSA 170-E:2, IV(c), namely “a child day care agency in which child day care is provided for preschool children and up to 5 school-age children, whether or not the service is known as day nursery, nursery school, kindergarten, cooperative, child development center, day care center, center for the developmentally disabled, progressive school, Montessori school, or by any other name.”

“Preschool program” means “preschool program” as defined in RSA 170-E:2, IV(f), namely “a child day care agency providing care and a structured program for children 3 years of age and older who are not attending a full day school program. The total number of hours a child may be enrolled in a preschool program shall not exceed 5 hours per day.”

“School-age program” means “school-age program” as defined in RSA 170-E:2, IV(g), namely “a child day care agency providing child day care for up to 5 hours per school day, before or after, or before and after, regular school hours, and all day during school holidays and vacations, and which is not licensed under RSA 149, for 6 or more children who are 4 years and 8 months of age or older. The number of children shall include all children present during the period of the program, including those children related to the caregiver.”

“Night care program” means “night care agency” as defined in RSA 170-E:2, IV(e), namely “a center or family home in which child day care is provided during the evening and night hours. A child day care agency may be licensed for day care, night care, or both.”

5.1.2 Does your State/Territory exempt any child care providers that can receive CCDF from its licensing requirements?

X Yes. Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers.

Kindergartens, nursery schools, or any other daytime programs operated by a public or private elementary or secondary school system or institution of higher learning.

Private homes in which any number of the provider's own children, whether related biologically or through adoption, and up to 3 additional children are cared for regularly for any part of the day, but less than 24 hours, unless the caregiver elects to comply with the provisions of this chapter and be licensed.

Municipal recreation programs, including after-school and summer recreation programs.

Any recreational program as defined in RSA 170-E:2, XI-a, namely any before and/or after school, vacation, or summer youth program for children 6 years of age or older offered by a school or religious group, the Boys and Girls Clubs of America, Girls, Incorporated, the YMCA, or the YWCA, provided that the program:

- Does not operate in a private home;
- Notifies parents or guardians that the program is not subject to licensure under RSA 170-E:4;
- Has policies and procedures to address the filing of grievances by parents and guardians; and
- Is a member in good standing and in compliance with the national organization's minimum standards and procedures.

Private homes in which the only children in care are the provider's own children, children related to the provider, and children residing with the provider.

Persons administering programs exempted from licensing pursuant to this section shall be subject to the provisions of RSA 170-E:4, II, namely No child care provider, whether licensed as a child day care agency or exempted from licensing pursuant to RSA 170-E:3, I, shall care for a child in a manner which endangers the health, safety or welfare of the child. For purposes of this paragraph, endangerment shall mean the negligent violation of a duty of care or protection owed to such child or negligently inducing such child to engage in conduct which endangers his health or safety. Licensees in violation of this

paragraph shall be subject to the provisions of RSA 170-E:12. Persons exempted from licensing who are in violation of this paragraph shall be enjoined by a court of competent jurisdiction in accordance with the provisions of RSA 170-E:22 from caring for such child and may be enjoined, as the court may determine, from caring for other children.

☐ No

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

☐ Fully implemented and meeting all Federal requirements outlined above. Describe using 5.1.4 and 5.1.5 below.

X Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016

- Current Status – Describe the State/Territory's status toward **complete implementation** for any requirement(s) not fully implemented (not yet started, partially **implemented**, substantially **implemented**, other) Substantially implemented.

- **Implementation progress to date – Identify any requirement(s) partially or substantially implemented** NH uses appropriate ratios in licensed child care settings. License-exempt family providers are limited to caring for 3 children other than their own.

- **Unmet requirement - Identify the requirement(s) not fully implemented** There are no ratio requirements for license-exempt centers.

- Tasks/Activities – What specific steps will you take to **implement** the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) meet with license-exempt center administration to become familiar with existing ratios and issues related to ratio requirements, 2) decide on appropriate ratios for license-exempt centers, 3) rule changes, 4) inform license-exempt centers of new requirement

- Projected start date for each activity 1) February 2016, 2) March 2016, 3) March 2016, 4) August 2016
- Projected end date for each activity 1) February 2016, 2) March 2016, 3) July 15, 2016, 4) September 30, 2016
- Agency – Who is responsible for **complete implementation** of this activity DHHS/DCYF/Child Development Bureau
- Partners – Who is the responsible agency partnering with to complete **implementation of** this activity Child Care Licensing Unit, License-exempt centers

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant

- State/Territory age definition “Infant” means a child from the time of birth to 18 months old, however ratios are determined by age
- Ratio 6 weeks to 12 months – 1:4
- Group size 12

2. Toddler

- State/Territory age definition “Toddler” means a child 19 months to 35 months old, however ratios are determined by age
- Ratio 13-24 months 1:5 and 25-35 months 1:6
- Group size 13-24 months 15 and 25-35 months 18

3. Preschool

- State/Territory age definition 3-6 years
- Ratio 36-47 months 1:8 and 48-59 months 1:12 and 60 months and older 1:15
- Group size 36-47 months 24 and 48-59 months 24 and 60 months and older 30

4. School-Age

- State/Territory age definition 4 years 8 months and attending a full-day school program
- Ratio 1:15
- Group size 45

5. If any of the responses above are different for exempt child care centers, describe Currently, there are no ratio requirements for license-exempt child care centers who participate in the child care scholarship program.

6. Describe, if applicable, ratios and group sizes for centers with mixed age groups When ages are mixed, ratio is based on the average age, in months, of children in the group provided programs shall not combine children younger than 24 months in

a mixed age group which includes children older than 47 months, except for time limited, specific activities; or when there are 17 or fewer children present in the program, including a maximum of 12 children younger than school age, and 4 or fewer of the 17 children are younger than 3 years of age; or with a department approved plan for multi-age classrooms. When children between 6 weeks of age and 35 months are mixed, the ratio is based on the average age, in months, of children in the group, and the maximum group size is 16.

b) Licensed Group Child Care Homes:

Ratios for licensed group child care homes cannot be described using the age breakdown below. Two providers may care for up to 12 children between the ages of 6 weeks through preschool and an additional 5 school age children enrolled in a full day school program. Of the 12 children between the ages of 6 weeks through preschool, 4 children may be younger than 3 years of age. If only one provider is present, provider must comply with limits of a licensed family child care.

1. Infant

- State/Territory age definition
- Ratio
- Group size

2. Toddler

- State/Territory age definition
- Ratio
- Group size

3. Preschool

- State/Territory age definition
- Ratio
- Group size

4. School-Age

- State/Territory age definition
- Ratio
- Group size

5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires **related** children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day Group Child Care Homes may have 12 preschool and 5 school age for a maximum of 17 children. All children, included the provider's biological or adopted children until 10 years of age, are included in the ratio/group size. No more than 4 children may be younger than 3 years of age.

6. If any of the responses above are different for exempt group child care homes, describe Group child care homes are required to be licensed.

☐ N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios 1 provider to 6 preschool children between the ages of 6 weeks through preschool and 3 school age children, group size 9, the threshold for when licensing is required more than 3 children in addition to the provider's own biological or adopted children, maximum number of children that are allowed in the home at any one time 9, if the State/Territory requires **related** children to be included in the Child-to-Provider ratio or group size All children, including the provider's biological or adopted children until 10 years of age, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day no more than 4 children younger than 3 years of age, and of those 4, no more than 2 may be younger than 2 years of age.
2. If any of the responses above are different for exempt family child care home providers, describe Exempt family child care may only care for 3 children in addition to their own biological or adopted children; or all children in care must be related to the provider.

d) Any other eligible CCDF provider categories:

Describe the ratios , group size , the threshold for when licensing is required , maximum number of children that are allowed in the home at any one time , if the State/Territory requires **related** children to be included in the child-to-provider ratio or group size , or the limits on infants and toddlers or additional school-age children that are allowed for part of the day N/A

- 5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

- 1) Infant lead teacher 18 years of age, high school diploma or general equivalency diploma and one of the following:

- A minimum of 9 early childhood credits, including at least one 3 credit course in child growth and development, from a regionally accredited college; or
- A minimum of 1500 hours of supervised child care experience in a licensed child care program or public or private elementary school, with written recommendation from the center director or school administrator, documentation of at least 3 early childhood education credits awarded by a regionally accredited college or university, and the following:
 - A written plan for completion of at least 6 additional early childhood education credits from a regionally accredited college or university; and

- Within 12 months of the date the individual begins working as an associate teacher, documentation of qualification as specified in (1) above available for review by the department; or
- A minimum of 1000 hours of supervised child care experience in a licensed child care program and documentation of successful completion of a 2 year vocational child care course; or
- Written documentation from or on file with the department that she or he was qualified for the position of associate teacher on or before the date of the adoption of these rules.

and assistant teacher qualifications at least 16 years of age

2) Toddler lead teacher same as above 5.1.5.a)1 and assistant teacher qualifications same as above 5.1.5.a)1

3) Preschool lead teacher same as above 5.1.5.a)1 and assistant teacher qualifications same as above 5.1.5.a)1

4) School-Age lead teacher 18 years of age, high school diploma or general equivalency diploma, and one of the following:

- Experience working with school-age children, totaling 600 hours; or
- Documentation of at least 3 credits in elementary education, human growth and development, behavior management or recreation or early childhood education, awarded by a regionally accredited college or university; or
- Documentation that she or he is a certified coach; or
- Documentation from or on file with the department that she or he was qualified as an associate teacher in a school-age program on or before the adoption of these rules

and assistant teacher qualifications at least 16 years of age

5) Director A Director must be 21 years of age and possess a high school diploma or general equivalency diploma, 3 credits from a regionally accredited college or university in child care administration or leadership, a minimum of 1500 hours experience working with children in a licensed child care program or public or private elementary school; AND meet one of the following:

An associate's degree in early childhood education, awarded by a regionally accredited college or university; or

An additional 3000 hours of experience working with children in a licensed child care program or in a public or private elementary school and documentation of a non-expired child development associates (CDA) in center based programs awarded by the council for professional recognition; or

A bachelor's degree in elementary education, awarded by a regionally accredited college or university; or

Certification of successful completion of training as a Montessori Director issued by the American or International Montessori Institute; or

Documentation of 60 credits, awarded by a regionally accredited college or university, of which at least 24 shall be in early childhood education, including at least 3 credits in each of the following core knowledge areas: Children with special needs; Child growth and development; and Curriculum for early childhood education; or

Written documentation from or on file with the department that she or he was qualified for the position of center director on or before the effective date of these rules (November 2008).

b) Licensed Group Child Care Homes: Provider must be 21 years of age OR 18 years of age with a high school diploma or general equivalency diploma AND either successful completion of a 2-year child care curriculum approved by the NH department of education; OR 6 credits of college courses in human growth and development or early childhood education

1. Infant lead teacher [redacted] and assistant qualifications [redacted]
 2. Toddler lead teacher [redacted] and assistant qualifications [redacted]
 3. Preschool lead teacher [redacted] and assistant qualifications [redacted]
 4. School-Age lead teacher [redacted] and assistant qualifications [redacted]
- ☐ N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications Provider must be 21 years of age OR 18 years of age with a high school diploma or general equivalency diploma AND either successful completion of a 2-year child care curriculum approved by the NH department of education; OR 6 credits of college courses in human growth and development or early childhood education.

d) Other eligible CCDF provider qualifications None

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics. (658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. **When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.**

a) The State/Territory certifies that it has health and safety requirements for providers receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions

- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

☐ Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas.

X No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
September 30, 2016
- Current Status – Describe the State/Territory’s status toward **complete implementation** for any requirement(s) not fully implemented (not yet started, partially **implemented**, substantially **implemented**, other)
Substantially implemented for licensed programs, for license-exempt providers, minimally started.
- **Implementation progress to date – Identify any requirement(s) partially or substantially implemented** Current Child Care Licensing Rules address prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1));

appropriate disposal of bio contaminants, and precautions in transporting children; and first aid and cardiopulmonary resuscitation (CPR) certification.

For license-exempt providers, It has been determined that the Child Development Bureau will transfer additional CCDF money to the Child Care Licensing Unit to cover the cost of two additional Licensing Coordinators. All Licensing Coordinators will monitor all types of providers in each of their regions around the state.

- **Unmet requirement - Identify the requirement(s) not fully implemented** For licensed providers, specific requirements around prevention of and response to emergencies due to food and allergic reactions; prevention of shaken baby syndrome and abusive head trauma, although there are rules specific to not shaking or rough handling children; handling and storage of hazardous materials. For license-exempt providers, determine specific health and safety standards to be monitored, begin monitoring license-exempt providers. Determine how monitoring requirements will be tracked in the system.
- **Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)** Adoption of new Child Care Licensing rules for licensed providers. For license-exempt providers, 1) determine specific health and safety standards to be monitored, 2) identify and make systems changes, 3) make CCDF rule changes, 4) inform providers of changes, 5) design and implement training and/or TA for license-exempt providers to assist them in meeting the inspection requirements as part of the enrollment process, 6) hire and train Licensing Coordinators to monitor providers, 7) implement annual inspections of license-exempt providers
 - Projected start date for each activity Currently: requesting input from child care providers and other stakeholders on rule revision
March 30, 2016 – first draft of revised rule presented to stakeholders for comment
April-May 2016 – public forums on proposed draft rule
June-July, 2016 – revise draft rules based on public comments
July 2016 – submit official proposed draft to legislature for approval
September 30, 2016 – revised Child Care Licensing rules adopted
For license-exempt providers, 1) in process, 2) in process, 3) January 2016, 4) December 2015, 5) January 2016, 6) January 2016, 7) September 2016
 - Projected end date for each activity For Child Care Licensing Rules, September 30, 2016, For license-exempt providers, 1) March 2016,

2) September 30, 2016, 3) July 15, 2016, 4) ongoing, 5) June 2016, 6) June 2016, 7) September 30, 2016.

- Agency – Who is responsible for **complete implementation** of this activity Child Care Licensing Unit for Child Care Licensing Rules. For license exempt requirements, Child Care Licensing Unit and the DHHS/DCYF/Child Development Bureau.
- Partners – Who is the responsible agency partnering with to complete **implementation** of this activity Licensed child care providers, relevant agencies in NH Department of Health and Human Services such as Child and Maternal Health, Division of Public Health, and the Child Development Bureau, Child Care Licensing Unit, DHHS rules unit, NH Bridges

b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address these training requirements.

- ☐ Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above. Describe, including **at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements** _____

X No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
September 30, 2016

- Current Status – Describe the State/Territory’s status toward **complete implementation** for any requirement(s) not fully implemented (not yet started, partially **implemented**, substantially **implemented**, other) Partially implemented for licensed providers. For license-exempt providers, minimally started.
 - **Implementation progress to date – Identify any requirement(s) partially or substantially implemented** Administration of medication training is required for all staff administering medications; First Aid and CPR training is required for family child care providers and center directors before a license is issued.
 - **Unmet requirement - Identify the requirement(s) not fully implemented** A definition of preservice or orientation period is needed, along with requiring training in the following specific areas: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome and abusive head trauma; emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; and precautions in transporting children (if applicable). Currently, there are no training requirements for license-exempt providers.
- Tasks/Activities – What specific steps will you take to **implement** the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) Adoption of new Child Care Licensing rules for Licensed providers. For license-exempt providers, 1) identify the frequency and mode of training requirements, 2) identify and make systems changes, 3) make CCDF rule changes, 4) inform providers of changes, 5) design and implement training and/or TA for license-exempt providers to assist them in meeting the training requirements as part of the enrollment process,
 - Projected start date for each activity Currently: requesting input from child care providers and other stakeholders on rule revision

March 30, 2016 – first draft of revised rule presented to stakeholders for comment

April-May 2016 – public forums on proposed draft rule

June-July, 2016 – revise draft rules based on public comments

July 2016 – submit official proposed draft to legislature for approval

September 30, 2016 – revised Child Care Licensing rules adopted

For license-exempt providers, 1) in process, 2) in process, 3) January 2016, 4) December 2015, 5) January 2016,

- Projected end date for each activity September 30, 2016. For license-exempt providers, 1) March 2016, 2) September 30, 2016, 3) July 15, 2016, 4) ongoing, 5) June 2016
- Agency – Who is responsible for **complete implementation** of this activity Child Care Licensing Unit for Child Care Licensing Rule revisions. Child Development Bureau for changes pertaining to license-exempt providers.
- Partners – Who is the responsible agency partnering with to complete **implementation of** this activity Licensed child care providers, relevant agencies in NH Department of Health and Human Services such as Child and Maternal Health, Division of Public Health, and the Child Development Bureau, Child Care Licensing, DHHS rules unit and NH Bridges.

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

- X Nutrition. Describe When licensed programs are providing meals and snacks, they must meet the CACFP guidelines that were in place when the rules were adopted in 2008.
- X Access to physical activity. Describe Infants and toddlers who are awake cannot remain in equipment such as swings, infant seats, playpens, cribs or high chairs for longer than 30 minutes. Only preschool programs operating fewer than 5 hours a day are exempt from having an outdoor play area, and instead must offer at least 20 minutes of gross motor activity if they do not have outdoor play space. All other licensed programs must have an approved outdoor play space and children must have daily outdoor play time.
- ☐ Screen time. Describe N/A
- X Caring for children with special needs. Describe All programs must provide children of all ages developmentally appropriate opportunities for individual and group activities for each child; must provide prompt attention to the individual physical needs of each child; must provide each child with opportunities to safely practice the wide range of movements appropriate to their developmental level.

- ☐ Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety. Describe

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from CCDF health and safety **training** requirements. Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics? **Note this exception applies if the individual cares ONLY for relative children.**

- ☐ Yes, **all** relatives are exempt from all health and safety training requirements. If the State/Territory exempts **all** relatives from **the CCDF** health and safety training requirements, describe how the State ensures the health and safety of children in relative care. _____
- ☐ Yes, **some** relatives are exempt from health and safety training requirements. If the State/Territory exempts **some** relatives from **the CCDF** health and safety training requirements, describe which **relatives are exempt from which** requirements (**all or some**) and include how the State/Territory ensures the health and safety of children in relative care. _____

X No, relatives are not exempt from **CCDF** health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory **has** in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

- ☐ Yes. The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities. List the policy citation _____

X No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
September 30, 2016
- Current Status – Describe the State/Territory's status toward **complete implementation** for any requirement(s) not fully implemented (not yet started, partially implemented, substantially **implemented**, other) Under

RSA 170-E, the State has policies and practices in effect for licensed providers to comply with applicable State or local licensing and health and safety standards. The State will have to include license-exempt providers to meet this reauthorization requirement.

- **Implementation progress to date – Identify any requirement(s) partially or substantially implemented** Partially implemented
- **Unmet requirement - Identify the requirement(s) not fully implemented** The State will have to establish policies and practices for license-exempt providers to meet this reauthorization requirement.
- **Tasks/Activities – What specific steps will you take to **implement** the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)** 1) Finalize policy, 2) Identify and make system changes, 3) Inform and train providers and appropriate DHHS staff of changes
 - Projected start date for each activity 1) in process, 2) in process, 3) July 1, 2016
 - Projected end date for each activity 1) November 30, 2015, 2) September 30, 2016, 3) September 30, 2016
 - Agency – Who is responsible for **complete implementation** of this activity 1) DHHS/DCYF/Child Development Bureau, DHHS Licensing Unit and DHHS rules unit, 2) DHHS/DCYF/Child Development Bureau and NH Bridges, 3) DHHS/DCYF/Child Development Bureau
 - Partners – Who is the responsible agency partnering with to complete **implementation of** this activity DHHS/DCYF/Child Development Bureau, DHHS Licensing Unit and DHHS rules unit, NH Bridges, and Child Care Aware® of NH

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives).

- a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. (658E(c)(2)(K)(i)(I))

X Yes. The State/Territory certifies that it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy

citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting : The qualifications for a NH Child Care Licensing Coordinator are found in the Department’s Human Resources Supplemental Job description for this position as described below:

Education: Bachelor's degree in early childhood education, child development, education, social services, or other discipline focused on children or social programs. Each additional year of approved formal education may be substituted for one year of required work experience.

Experience: Four years’ experience in early childhood education, child development, education, or social services delivery. Each additional year of approved work experience may be substituted for one year of required formal education.

Preferred Qualifications: Responsibility for program implementation, direct service delivery, program management, planning, and evaluation. Child Care Licensing Coordinators must complete a structured job interview which includes questions on appropriate child care settings and how to interact with providers. Child Care Licensing Coordinators have an approximate 3-month mentorship with an experienced licensing coordinator before completing inspections on their own. The National Association for Regulatory Administration Licensing Curriculum is also used in training new licensing coordinators. DHHS makes available translation services for instances when a licensing coordinator needs to communicate with a provider in the provider’s language, which includes having a translator during inspections.

- ☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than November 19, 2016)
 - Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)
- ☐ Implementation progress to date – Identify any requirement(s) partially or substantially implemented Unmet requirement - Identify the requirement(s) not fully implemented

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
 - Projected start date for each activity
 - Projected end date for each activity
 - Agency – Who is responsible for **complete implementation** of this activity
 - Partners – Who is the responsible agency partnering with to complete **implementation of** this activity
- b) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing **inspectors** to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))
 - ☐ **Yes. The State/Territory certifies that it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits _____**
 - X **No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.**
 - **Overall Target Completion Date (no later than November 19, 2016)**
November 19, 2016
 - **Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)**
Partially implemented
 - **Implementation progress to date – Identify any requirement(s) partially or substantially implemented** Programs are required to have local fire, health and zoning approvals, and an inspection by Child Care Licensing, prior to the license being issued. RSA 170-E:8, III requires monitoring visits at least once yearly during the 3 year licensing period, at least one of which must be unannounced. By policy, all of our monitoring visits are unannounced.

- **Unmet requirement - Identify the requirement(s) not fully implemented** Due to insufficient staff, not all programs have an annual unannounced monitoring visit.
- **Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)** 1) Request permission from Commissioner of NH DHHS to fund 2 currently unfunded positions, add an additional licensing coordinator, and add an administrative office staff to alleviate licensing coordinators' office responsibilities to allow an additional day every other week for visits. Also, transfer additional funds from the Child Development Bureau to fund an additional 2 new licensing coordinator positions. This would be a total of 5 new Licensing Coordinators and one additional office staff, 2) Hire and train additional staff, 3) perform annual inspections of all providers.
 - **Projected start date for each activity** 1) in process, 2) January 2016, 3) November 19, 2016
 - **Projected end date for each activity** 1) December 2015, 2) October 2016, 3) ongoing
 - **Agency – Who is responsible for complete implementation of this activity** DHHS Office of the Commissioner, Child Care Licensing Unit, and Child Development Bureau
 - **Partners – Who is the responsible agency partnering with to complete implementation of this activity** DHHS Office of the Commissioner, Child Care Licensing Unit, and Child Development Bureau

c) Inspections for License-Exempt CCDF Providers (except those serving relatives) – It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

- ☐ **Yes.** The State/Territory certifies that it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements : _____
- X** **No.** If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- **Overall Target Completion Date (no later than November 19, 2016)**
November 19, 2016
- **Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)**
Partially implemented
 - **Implementation progress to date – Identify any requirement(s) partially or substantially implemented** Decision to have Child Care Licensing Unit monitor license-exempt providers as part of each Licensing Coordinator’s regional caseload has been made. Funds for two additional Licensing Coordinator positions from CCDF have been identified.
 - **Unmet requirement - Identify the requirement(s) not fully implemented** No rule exists in CCDF to monitor CCDF, No rules exist governing what has to be monitored. Licensing Coordinators are not trained to monitor license-exempt providers.
- **Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)** 1) Determine specific items to be monitored for license-exempt providers, 2) Write rules to allow for monitoring and what items will be monitored, 3) Train Licensing Coordinators to monitor license-exempt providers
 - **Projected start date for each activity** 1) January 2016, 2) March 2016) 3) August 2016
 - **Projected end date for each activity** 1) March 2016, 2) July 15, 2016, 3) November 2016.
 - **Agency – Who is responsible for complete implementation of this activity** DHHS/DCYF/Child Development Bureau, Child Care Licensing Unit, DHHS Rules Unit
 - **Partners – Who is the responsible agency partnering with to complete implementation of this activity** Child Care Licensing Unit, DHHS Rules Unit

d) **Ratio of Licensing Inspectors** – It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

- ☐ **Yes. The State/Territory certifies that it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the**

State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors : _____

- X No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)
November 19, 2016
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)
Current ratio of licensing coordinators to licensed programs is approximately 1:135.
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented Request for additional staff made to Office of the Commissioner on November 24, 2015.
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) Request permission from Commissioner of NH DHHS to fund 2 currently unfunded positions, add an additional licensing coordinator, and add an administrative office staff to alleviate licensing coordinators office responsibilities to allow an additional day every other week for visits. Also, transfer additional funds from the Child Development Bureau to fund an additional 2 new licensing coordinator positions. This would be a total of 5 new Licensing Coordinators and one additional office staff
 - Projected start date for each activity In process
 - Projected end date for each activity August 1, 2016
 - Agency – Who is responsible for complete implementation of this activity DHHS Office of the Commissioner, Child Care Licensing Unit, and Child Development Bureau
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity DHHS Office of the Commissioner, Child Care Licensing Unit, and Child Development Bureau

e) **Child Abuse and Neglect Reporting** – That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

X Yes. Fully implemented and meeting all Federal requirements outlined above.

List the Lead Agency's policy citation(s) RSA 1690C:29 requires everyone having reason to suspect that a child has been abused or neglected to report the same.

169-C:29 Persons Required to Report. – Any physician, surgeon, county medical examiner, psychiatrist, resident, intern, dentist, osteopath, optometrist, chiropractor, psychologist, therapist, registered nurse, hospital personnel (engaged in admission, examination, care and treatment of persons), Christian Science practitioner, teacher, school official, school nurse, school counselor, social worker, day care worker, any other child or foster care worker, law enforcement official, priest, minister, or rabbi or any other person having reason to suspect that a child has been abused or neglected shall report the same in accordance with this chapter.

Source. 1979, 361:2, eff. Aug. 22, 1979.

□ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____

- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from inspection requirements. Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

- ☐ Yes, all relatives are exempt from all inspection requirements. If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care. _____
- ☐ Yes, some relatives are exempt from inspection requirements. If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt and include how the State/Territory ensures the health and safety of children in relative care. _____
- ☒ No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories are required to have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as any other individuals in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry.

Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

Fees for background checks – Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency – The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.

Appeals process – The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

5.3.1 Describe the status of the State/Territory's requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

- ☐ Fully implemented and meeting all Federal requirements outlined above. List the policy citation within the Lead Agency's rules ____ and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.
- X Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2017)
September 30, 2017
- Current Status – Describe the State/Territory’s status toward **complete implementation** for any requirement(s) not fully implemented (not yet started, partially **implemented**, substantially **implemented**, other)
Substantially implemented
 - **Implementation progress to date – Identify any requirement(s) partially or substantially implemented** NH currently conducts FBI fingerprint checks, DCYF Central Registry checks for child abuse and neglect (NH only), and National Sex Offender Registry checks of all licensed and enrolled license-exempt (registered) providers and those in the programs or households that have regular access to children. Background checks are performed upon employment or enrollment. For licensed child care programs, a state criminal background check, DCYF Central Registry checks for child abuse and neglect, and National Sex Offender Registry checks are also completed for all staff when programs renew their license every three years. If a child care staff previously background checked at a child care program changes employment, and their check through the FBI was completed in the previous 3 years, only the state, central registry, and National Sex Offender Registry checks are completed for their new program. If the FBI check was more than 3 years prior to their new employment, then the FBI check is required along with the other checks.

For Head Start and Early Head Start programs, in accordance with Section 648A(g)(3), a criminal records check must be obtained through the State of NH, Department of Safety Division of State Police Criminal Records before employment.

 - **Unmet requirement - Identify the requirement(s) not fully implemented** 1) checks performed in other states where an individual lived during the preceeding 5 years, 2) checks must be cleared prior to being responsible for children, 3) checks are now required every 3 years, change to every 5 years, 4) allow for checks to be done through the National Crime Information Center, 5) include in law that checks must be completed in 45 days.
- Tasks/Activities – What specific steps will you take to **implement** the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) legislative changes, 2) inform providers of changes
 - Projected start date for each activity 1) in process, 2) TBD based on legislative change being made
 - Projected end date for each activity 1) unknown, 2) September 30, 2017

- Agency – Who is responsible for **complete implementation** of this activity NH DHHS
- Partners – Who is the responsible agency partnering with to complete **implementation** of this activity Child Care Licensing Unit, DHHS and DCYF attorneys, NH Legislature

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and appealing the results of background checks. For licensed programs, the applicant/provider/center director, and all household members if the program is located in a home, must complete the background check process before the license (whether initial license or renewal) is issued. For renewal, programs are required to submit the application materials, which includes the background checks, 3 months prior to the expiration date. When an individual applies for employment at a licensed child care program, the household and personnel form must be submitted to the NH child care licensing unit, and the criminal records release authorization form, including fingerprints, must be submitted to the division of state police on or before the first day of employment. The state police typically releases results within 2 weeks of submission. Child care programs are notified that the employee has no disqualifying information prohibiting them from working with children, or that the employee may not work with children. The employee is sent a letter if they are prohibited, which outlines their criminal history as received by the department. The criminal record release form outlines the procedures for appealing their criminal record. For license-exempt centers, the fingerprinting must have been performed by the first day of employment, and a Household and Personnel form to authorize background checks of the National Sex Offender Public Website, DCYF Central Registry for founded cases of child abuse and neglect, and State Criminal Registry for crimes against children. All background checks are done upon initial enrollment and re-enrollment. Re-enrollments occur every three years or after an enrollment ends and the provider reapplies. For license-exempt family providers, the provider and all household members must be fingerprinted and cleared before enrollment or re-enrollment. A Household and Personnel form to authorize background checks of the National Sex Offender Public Website, DCYF Central Registry for founded cases of child abuse and neglect, and State Criminal Registry for crimes against children must be submitted and the individuals cleared prior to enrollment, upon re-enrollment, and every three years, whichever is shorter. Authorizations for fingerprint checks are sent to the NH Department of Safety who performs the check, within 45 days, but typically within two weeks. Results are released to DCYF and placed in the applicant's folder and kept in a locked file cabinet. If there are issues of concern, a letter is sent to the individual with the offense asking for an explanation of the circumstances. A letter is also sent to the applicant, (family friend and neighbor provider or license-exempt center) informing them that a letter has been sent requesting more information, but the nature of the offense is not revealed to the applicant and DCYF cannot provide further information. If the applicant wants more information, they must discuss it with the individual themselves. If the offense can be rectified through a corrective

action plan, one must be submitted before enrollment will take place. If the offense prohibits the individual from being around young children, the application will either be denied if the offender is the applicant. If the offender is not the applicant, but is either a staff or household member, the applicant must send a letter of staff termination from the license-exempt center or letter of confirmation of removal from the household prior to enrollment or re-enrollment. Applicants may challenge their record according to Saf-C 5703.12, Procedure for Correcting a CHRI.

- 5.3.3 Describe how the State/Territory is helping other States process background checks, including **any agencies/entities** responsible for **responding to requests from** other states. Any individual may submit a request to the NH Department of Safety for a State Criminal History Records Information check. Any State can check the public websites for National Sex Offender or State Criminal Registry information. Currently, RSA 169-C:35 only allows the sharing of DCYF Central Registry information regarding child abuse and neglect at another state's request from a child welfare agency or a private adoption agency, and does not pertain to other state's requests regarding child care providers. NH will seek to amend the law to allow the sharing of this information with other states.
- 5.3.4 Does the State/Territory have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?
- ☒ Yes. Describe. NH does not automatically disqualify for a felony drug offense. According to RSA 170-E:7, IV, for both license and license-exempt providers, NH investigates any felony conviction deemed directly or indirectly harmful to children. The individual is required to have the opportunity to present evidence on their behalf which demonstrates that they do not pose a present threat to the safety of children. Pieces of evidence may include: 1) if the individual has satisfied the terms of their criminal conviction, 2) references from others regarding the individual's character and their interactions around children, 3) time lapsed since the offense. Once the department determines that an individual may not work, the child care program/provider must provide a corrective action plan approved by the Department or the department may deny, revoke or suspend a license, permit or registration (enrollment).
- ☐ No
- 5.3.5 Does the State/Territory disqualify child care staff members based on their conviction for other crimes not specifically listed **in 5.3?**
- ☒ Yes. Describe. A felony offense deemed directly or indirectly harmful to children in child day care, or crimes against minors or adults, if further investigation as described above indicates that the individual may pose a risk to children.
- ☐ No

5.3.6 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from background check requirements. Note this exception only applies if the individual cares ONLY for relative children. Does your State/Territory exempt relatives from background checks?

- ☐ Yes, all relatives are exempt from all background check requirements.
- ☐ Yes, some relatives are exempt from the background check requirements.
Describe which relatives are exempt. _____

X No, relatives are not exempt from background checks.

5.3.7 Describe how the State/Territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether conducted by the State/Territory or a 3rd party vendor or contractor, Lead Agencies can report that no fees are charged if applicable. The NH Department of Safety sets the fees for background checks. The State fee for an individual is \$25.00. DHHS has negotiated reduced rates. For those working in licensed settings, the rate is \$15 for the State background check, of which DHHS pays \$7.50 and the individual pays \$7.50. For license-exempt providers and household members, the fee is \$10 and DCYF pays this full amount per person. The fee for FBI fingerprint checks is \$14.75 per person. No fee is applied for background checks performed in-house by DHHS.

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue Forms and instructions for background checks are posted on the DHHS website. Information regarding background checks for licensed child care providers can be found on the "Fingerprinting for Child Care Personnel" page of the Child Care Licensing Unit portion of the website. (<http://www.dhhs.nh.gov/oos/cclu/fingerprinting.htm>) A PowerPoint presentation is also available on this page which further describes policies and procedures of the background check process. An abbreviated pamphlet is also available for quick reference. Information regarding background checks for license-exempt providers can be found on the "Forms" page of the Child Development Bureau portion of the website (<http://www.dhhs.nh.gov/dcyf/cdb/forms.htm>). This includes the forms and related instructions and two informational sheets on the process for obtaining background checks. An informational sheet explaining the policies and procedures for conducting background checks is included in every child care provider application packet. The Child Care Aware® of NH website, which will serve as the State's Consumer Education website will provide links to this background check information.

5.3.9 Does the Lead Agency release aggregated data by crime?

- ☐ Yes. List types of crime included in the aggregated data _____

X No

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher **recruitment, stability, diversity of the early childhood workforce**, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. **Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.**

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a “career ladder” that allows an individual to **build knowledge and skills in a cumulative manner** from introductory training to advance level education, including obtaining **credentials and post-secondary degrees**. Professional development should be designed in a manner that **aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors**. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) **ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable.** Responsive, well-qualified adult caregivers are one of the most important factors in children’s development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF **across the entire age span from birth through age 12.** (658E(c)(2)(G)) **Training and professional development should be accessible and appropriate**

across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

- 6.1.1 Describe the status of the State/Territory's professional development system or framework, including training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

The Lead Agency assures that the State/Territory's training and professional development requirements:

- a) Provide ongoing training and professional development **that is accessible for the diversity of providers in the State/Territory**; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating **infants, toddlers, preschool, and school-age** children and **that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities)**; and improve the quality and stability of the child care workforce (such as **supports** an individual to build on entry- and mid-level training and education **(which may include higher education)** to attain a higher level credential or **professional** certification **and retention in the child care program**).
- b) Are developed in consultation with the State Advisory Council **(SAC)** on Early Childhood Education and Care or other state or state-designated cross-agency body if **there is** no SAC that addresses training, professional development and education of child care providers and staff.
- c) **Incorporate** knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and **incorporate** social-emotional/**behavioral and early childhood mental health** intervention models, which may include positive behavior intervention and support models (as described in Section 2)
- d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF
- e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English

language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

- ☒ Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.
- ☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) _____
 - Current Status – Describe the State/Territory’s status toward **complete implementation** for any requirement(s) not fully implemented (not yet started, partially **implemented**, substantially **implemented**, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
 - Tasks/Activities – What specific steps will you take to **implement** the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for **complete implementation** of this activity _____
 - Partners – Who is the responsible agency partnering with to complete **implementation of** this activity _____

6.1.2 Describe how the State/Territory provides ongoing training and professional development that **is accessible for the diversity of providers in the State/Territory**, provides for a progression of professional development reflecting research and best practice to meet the developmental needs of participating **infants, toddlers, preschool and school-age** children and **that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities)** and **improves** the quality and stability of the child care workforce. Use the checkboxes below to identify and describe the elements of the progression of professional development. **Check all that apply.**

- ☒ State/Territory professional standards and competencies. Describe:

The New Hampshire Professional Development System for Early Childhood and Afterschool is a voluntary system providing a framework for ongoing professional development along a progression from entry level to master professional level. As of October 1, 2015, this system includes an option to meet some requirements in the New Hampshire Early Childhood Professional Development System by developing a professional development plan based on self-assessment of competencies, and as of April 1, 2016, this option will become a requirement for everyone who applies for a credential in this system. Three competency tools were developed by a cross sector work group and are inclusive of competencies from “A Guide to Effective Consultation with Settings Serving Infants, Toddlers, and Their Families, Core Knowledge, Competencies and Dispositions”, produced by the Office of Child Care and the Office of Head Start, other state competencies, particularly Illinois and Maine, National Association for the Education of Young Children (NAEYC) Standards for Early Childhood Professional Preparation, and in alignment with NH’s Early Childhood and Family Mental Health Competencies produced by the New Hampshire Association for Infant Mental Health. Links to the competency tools can be found online: <http://www.dhhs.nh.gov/dcyf/cdb/profdev.htm>. The enhanced Quality Rating Improvement System standards include an increasing percentage of staff holding credentials for each progressive level. Another standard in the enhanced QRIS addresses staff creating professional development plans based on self-assessment of competencies. This enhanced system is anticipated to be implemented by September 30, 2016.

X Career ladder or lattice. Describe:

The progression of professional development in the New Hampshire Professional Development System is demonstrated through a series of lattices: Family Child Care; Teacher; Master Teacher; Administrator; Master Professional in the New Hampshire Early Childhood Professional Development System. The New Hampshire Afterschool Professional Development System lattices move in progression from Direct Service to Administrator to Master Professional. Each lattice contains professional development requirements for education and specialized coursework, work experience, ongoing professional development, and professional activity units. As noted previously in 6.1.2, professional development plans based on self-assessment of competencies will be required in the early childhood system as of April 1, 2016. NHAN worked in collaboration with the CDB and decided to keep professional activity units rather than transition to the use of professional development plans at this time.

X Articulation agreements between two- and four-year postsecondary early childhood education or degree programs. Describe:

The New Hampshire Community College System consists of seven colleges, of which most have articulation agreements with four-year colleges in NH. All two- and four-year institutes of higher education with early childhood education or degree programs

participated in the Center for the Study of Child Care Employment, University of California at Berkeley's inventory in 2013, which produced *The State of Early Childhood Higher Education in New Hampshire: The New Hampshire Early Childhood Higher Education Inventory* (<http://education.nh.gov/instruction/curriculum/documents/higher-ed.pdf>). One of the recommendations was to strengthen articulation agreements. The College Roundtable facilitated by the Child Development Bureau meets quarterly and has been tackling some of the inventory recommendations since 2014, including expanded articulation agreements and embedding pre service health and safety training as required by the CCDBG Act of 2014 into early childhood education coursework. Examples of articulation agreements between a four-year college and two-year New Hampshire Community Colleges can be viewed here: <http://www.keene.edu/academics/aca/academic/agreements/>

X Community-based training approved by a state regulatory body to meet licensing or regulatory requirements. Describe:

Child Care Resource and Referral and the Afterschool contractor provide community-based training for free or for minimal cost to child care providers. Training provided must meet criteria as set in the New Hampshire Professional Registry and Statewide NDS Database Policies and Procedures Manual and be entered into the New Hampshire Professional Registry for registration and tracking. All trainings meet Child Care Licensing Standards and Trainers are required to hold valid credentials in the New Hampshire Professional Development System. Trainers with the Department of Health and Human Services also provide community-based training approved by Child Care Licensing free of charge.

X Workforce data, including recruitment, retention, registries or other documentation, and compensation information. Describe:

The Child Development Bureau manages an early childhood and afterschool workforce registry, the New Hampshire Professional Registry (or the Registry), which can be viewed here: <http://www.dhhs.nh.gov/dcyf/cdb/prof-registry.htm>. On July 27, 2015, the registry launched the online credential application for the New Hampshire Professional Development System. The Registry is able to capture workforce data including employment, turnover, and wages. Employment, education, and professional development information is required for credential applications. The enhanced QRIS standards include enrollment in the Registry and providing education and employment information as a requisite for meeting the Early Childhood Administrator and Educator Qualifications standard.

X Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework. Describe:

The state's Early Childhood Advisory Council, Spark NH, has a Workforce and Professional Development Committee that serves as the Advisory Body for development and implementation of the National Association for the Education of Young Children's Policy Blueprint framework. The Workforce and Professional Development Committee develops recommendations and implementation plans to enhance NH's capacity for the recruitment, retention, advancement, and support of qualified professionals across early childhood programs via education, training, and credentialing.
<http://sparknh.com/workforce-and-professional-development>

- X Continuing education unit trainings and credit-bearing professional development.
Describe:

The Child Development Bureau contracts with Granite State College, which subcontracts with the New Hampshire Community College System, to offer tuition assistance for early childhood education credit-bearing courses for eligible staff working in licensed child care programs. The tuition assistance covers 100% of the cost of an individual's first early childhood course as well as Infant/Toddler Development, Young Children with Special Needs or Children with Exceptionalities. All other Early Childhood eligible courses are reimbursed at 50% of tuition. To be eligible for the tuition assistance reimbursement, courses must be taught by faculty holding a valid NH Master Professional Faculty Credential. Students may use the tuition assistance towards the attainment of an Associate's degree in Early Childhood Education or Bachelor's degree in Education with an Early Childhood specialization.

- ☐ State-approved trainings. Describe:
- ☐ Inclusion in state and/or regional workforce and economic development plans.
Describe _____
- X Other. Describe:

An Afterschool contract funded by CCDF provides technical assistance and a progression of training free of charge to the school-age workforce. Afterschool Basics is offered to meet requirements of the New Hampshire Afterschool credential. Other advanced Afterschool trainings offered at no charge include business practices and a leadership institute. The Child Care Resource and Referral contractor also provides technical assistance and a progression of training, free of charge, to the early childhood workforce. These include Child Care Basics and advanced trainings in various topics, and trainings in business practices and leadership topics through child care program director collaborative groups.

- 6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC: Professional development requirements for the New Hampshire Early Childhood and Afterschool Professional Development System were developed by two state cross-agency bodies, the New Hampshire Early Childhood Credential Task Force and the New Hampshire Afterschool Network (NHAN). Representatives on these bodies included the Child Development Bureau, Child Care Licensing, Child Care Aware® of NH, ACROSS NH, Department of Education, PTAN, 2 and 4-year higher education institutions, child care providers, and members of Spark NH, the State Advisory Council (SAC). The rule for 18 hours of on-going professional development required by Child Care Licensing was developed by the Child Care Licensing Rules Revision Task Force, prior to the existence of Spark NH.

Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/**behavioral and early childhood mental health** intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements:

The Child Care Basics progressive trainings incorporate the Early Learning Standards in those trainings that address child development. One of the Child Care Basics, Social Emotional Development of Young Children includes some basic information about intervention, and more advanced training on this topic is offered through the Preschool Technical Assistance Network CCDF-funded contract. Child Care Aware® of NH hosts quarterly "Caring for Our Children: Health, Safety, Nutrition and Wellness" conferences, to offer training that addresses various health and safety standards set by Caring for Our Children. The Afterschool Basics include a component on social-emotional development. ACROSS NH, the Afterschool contractor, also offers more advanced trainings on social-emotional development including, "Mental Health First Aid", "Behavior Management 101", "Behavior Management Summer Edition", "Social Emotional Learning (SEL) for Afterschool", "Challenging Behaviors", "Positive Interactions with Children", and other topics including mindfulness and conflict resolution. All of these trainings meet the requirements of Child Care Licensing and the New Hampshire Professional Development System. Licensed-Plus programs are required to have training in the Early Learning Guidelines/Standards.

- 6.1.4 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable)
N/A

- 6.1.5 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians:
- Child Care Resource and Referral and the Afterschool contractor offer in-person training across the state. These trainings are offered at a variety of times, for example in the evenings or on Saturdays, to accommodate a variety of schedules. Specialized trainings for directors are also offered at director group meetings. Professional development opportunities are offered to address the specific needs of infants and toddlers, preschoolers, elementary school-aged children, early middle school aged children, and for children experiencing special needs. A variety of levels from Child Care Basics to college-level courses exist. These courses and trainings can be applied toward the attainment of one's credential or Infant/Toddler endorsement, or to meet on-going training requirements. Trainings are posted and registration is available through the New Hampshire Professional Registry and trainings are open to all child care providers regardless of what ages they serve. Each training description indicates the target audience and Core Knowledge Areas addressed. We have recently begun to include competency levels for each training. At this time license-exempt providers are not required to complete any training prior to or during their period of enrollment to provide CCDF child care, but they are welcome to attend any trainings offered. When Reauthorization is implemented, license-exempt providers must complete all required trainings before enrollment is finalized and payment can begin.
- 6.1.6 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

X Financial assistance for attaining credentials and post-secondary degrees. Describe: The Child Development Bureau contracts with Granite State College and the New Hampshire Community College System to offer tuition assistance for early childhood education credit-bearing courses for eligible staff working in licensed child care programs. The Early Childhood Tuition Assistance contract also pays the fee for a student's initial credential.

- ☐ Financial incentives linked to education attainment and retention. Describe _____
- ☐ Registered apprenticeship programs. Describe _____
- ☐ Outreach to high school (including career and technical) students. Describe _____
- ☐ Policies for paid sick leave. Describe _____
- ☐ Policies for paid annual leave. Describe _____
- ☐ Policies for health care benefits. Describe _____
- ☐ Policies for retirement benefits. Describe _____
- ☐ Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services). Describe _____
- ☐ Other. Describe _____

- 6.1.7 Describe how the State/Territory will recruit providers **for whom** English **is not their first language**, or who will serve and be available for families **for whom** English **is not their first language**.

Child Care Aware® of NH is required to employ a Bilingual Outreach Specialist who works with families, providers and potential providers whose first language is Spanish. This staff member's responsibilities include providing child care referrals to families whose first language is Spanish and conducting outreach to Spanish-speaking providers. Additionally, this staff member provides translation of Child Care Aware® of NH materials that include information about the services provided by Child Care Aware® of NH such as helping individuals to become child care providers. The Bilingual Support Specialist will also provide training and targeted technical assistance to programs. Additionally, they will begin translating some of the Child Care Basic trainings into Spanish. Child Care Aware® of NH has one kit translated and is in the process of having a second kit translated. They will also attend NHEP Orientations that are conducted for families who speak Spanish.

- 6.1.8 How will the Lead Agency overcome language barriers to serve providers **for whom** English **is not their first language**? Check the strategies, if any, that your State/Territory has chosen to implement.

- ☐ Informational materials in non-English languages
- ☒ Training and technical assistance in non-English languages
- ☐ CCDF health and safety requirements in non-English languages
- ☐ Provider contracts or agreements in non-English languages
- ☒ Website in non-English languages
- ☒ Bilingual caseworkers or translators available
- ☐ Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce
- ☐ Other _____
- ☐ None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages

The Child Care Aware® of NH bilingual Outreach Specialist offers some training in Spanish and makes available a child care referral packet with Consumer Education materials printed in Spanish. The packet includes information about quality child care. The State contracts with the Language Bank for translation and interpretation in all primary and secondary languages.

6.1.9 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

☐ Yes. The State certifies that no later than September 30, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families. Describe that training and technical assistance for providers.

X No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
September 1, 2016
- Current Status – Describe the State/Territory's status toward **complete implementation** for any requirement(s) not fully implemented (not yet started, partially **implemented**, substantially **implemented**, other) Partially implemented
 - **Implementation progress to date – Identify any requirement(s) partially or substantially implemented** DHHS is consulting with CCR&R to provide training and technical assistance to providers on the issue of identifying and serving homeless children and families.
 - **Unmet requirement - Identify the requirement(s) not fully implemented** Identification of training and technical assistance needed and how it will be provided. Provisions in the Child Care Aware® of NH contract to provide this training and TA.
- Tasks/Activities – What specific steps will you take to **implement** the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) Form workgroup to identify necessary training and TA needed for providers, 2) make amendment to Child Care Aware® of NH contract to provide training and TA
 - Projected start date for each activity 1) January 2016, 2) April 2016
 - Projected end date for each activity 1) April 2016, 2) August 2016
 - Agency – Who is responsible for **complete implementation** of this activity DHHS/DCYF/Child Development Bureau

- Partners – Who is the responsible agency partnering with to complete **implementation of** this activity Child Care Aware® of NH, DHHS Contracts Unit

6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed **in detail** in section 7 to support the training and professional development of the child care workforce.

6.2.1 Does the State/Territory fund the training and professional development of the child care workforce?

X Yes. If yes,

- a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

Currently, Child Care Aware® of NH measures individual competency pre and post training to determine if trainee knowledge has increased after a training. The CDB tracks the award of credentials and progression of awardees through the Professional Development System, as well as the number of individuals who receive early childhood tuition assistance and the amount of tuition assistance awarded. The Institutes of Higher Education track early childhood degrees awarded to students.

- b) Indicate which funds will be used for this activity (check all that apply)

☒ X CCDF funds. Describe:

CCDF funds the Child Care Aware® of NH and Afterschool contracts which provide training and technical assistance (T&TA) to program staff. In addition, these funds are used to pay for the NACCRR Suite of Data Services which tracks T&TA. CCDF funds are used to provide tuition assistance for college courses in ECE for child care teachers and directors. New Hampshire children and their families benefit from well-educated early childhood professionals who can offer quality early education and care to young children. The salaries of the vast majority of child care professionals in NH do not allow opportunities in higher education without financial hardship. The provision of tuition assistance removes a significant barrier for many early childhood professionals to become more qualified to deliver early education and care in child care settings throughout NH. The PTAN Child Care Inclusion contract also provides T&TA to child care providers to prevent expulsion of children with special needs, especially challenging behaviors, from NH child care programs. Child care teachers and directors need to have access to the support necessary to successfully include young children with special needs in the classrooms. When young children with special needs are not successfully included, there is a high

risk that teachers will leave their position and these children will be expelled from their child care program. These disruptions result in disorders in learning, behavior, and development that last into enrollment in public school and put these children at a distinct disadvantage regarding achieving grade level reading and math skills by the end of third grade. Supports to child care teachers and directors to successfully include young children with special needs are delivered via telephone and on-site consultation, as well as group trainings.

☐ Other funds. Describe _____

c) Check which content is included in training and professional development activities. Check all that apply.

X Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c. Describe: All of the trainings posted in the New Hampshire Professional Registry are offered free of charge or are available at a minimal cost to early childhood and afterschool child care providers. All trainings address one or more Core Knowledge Areas specific to either early childhood or afterschool, and Core Knowledge Areas are mapped to CDA content areas. Trainings cover topics in child and youth development, health and safety, nutrition, expulsion prevention, curriculum, developmental screening and assessment, and physical activity. Training content is researched-based and developmentally appropriate.

X Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social -emotional development and **early childhood mental health and** reduce challenging behaviors, including reducing expulsions of preschool-aged children **from birth to five** for such behaviors (see also Section 2). Describe:

The Child Development Bureau contracts with the Preschool Technical Assistance Network (PTAN), providing CCDF funding to support child care programs to keep children with challenging behaviors in child care. PTAN provides training and technical assistance free of charge to child care programs to help them develop and implement policies and incorporate strategies to reduce challenging behaviors and to reduce expulsion of preschool-aged children. PTAN uses a tiered approach to consultation, similar to the Pyramid Model, and utilizes positive

behavior interventions and supports in helping teachers gain the competencies they need to successfully include these children in their programs. Child Care Aware® of NH provides a free Child Care Basics training titled, “Social Emotional Development of Young Children” as well as two Preventing Child Abuse and Neglect (PCAN, developed by Zero to Three) training titled, “Social Emotional Development for Infants, Toddlers, and their Families”, and “Challenging Behaviors in Infants and Toddlers”.

- X Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children’s positive development. Describe: Child Care Aware® of NH provides Child Care Basics trainings such as: “Developing Cultural Competency in the Early Childhood Environment”, and, “Strengthening Families, Strengthening Care”. Two Preventing Child Abuse and Neglect (PCAN, developed by Zero to Three) trainings titled, “Supporting Staff in Their Work with Families” and “The Influence of Culture on Caregiving” are also available to be offered to child care providers. The NH Professional Registry posts many other trainings throughout the year that address this topic.
- X Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards. Describe: Child Care Aware® of NH provides free Child Care Basics trainings such as: “Is This a Good Place for Me? Learning Spaces that Work”, and, “Emergent Curriculum for Emerging Learners”, which includes the new Early Learning Standards as they have just been posted online. In addition, a training series was created for directors/leaders in the field called “Standards of Practice”. This series includes the Early Learning Standards and discusses how programs go about implementing standards.
- ☐ On-site or accessible comprehensive services for children and community partnerships that promote families’ access to services that support their children’s learning and development. Describe _____
- ☐ Using data to guide program evaluation to ensure continuous improvement. Describe _____
- ☐ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe _____
- X Caring for **and supporting the development of** children with disabilities and developmental delays. Describe: The NH Professional Registry has

multiple training sessions posted that cover this topic, many offered free of charge. The Child Care Basics Training on this topic is titled, “Providing Inclusive Care”. Additional training topics provided by Child Care Aware® of NH include, “Autism Spectrum Disorders”, and “ADHD and Sensory Disorders”. Also, ACROSS NH offers “Working with Children with AD(H)D and ODD” and “Managing Challenging Behaviors”.

☐ Supporting positive development of school-age children. Describe The Afterschool contractor has over 70 training sessions posted in the NH Professional Registry that cover this topic.

☐ Other. Describe _____

d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

☒ Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling

☐ State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities

☒ Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education

☐ Other. Describe _____

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular **content** areas? States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address training hour requirements.

☒ Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service **or orientation** hours and any required areas/content 0

2) Number of on-going hours and any required areas/content 18 per year.
Required trainings are not specified, but must be in any of the following topic areas:

- Child Development;

- Health and safety or life safety;
- Caring for children with special needs;
- Nutrition;
- Any child care related courses or trainings sponsored or funded by the department, including, but not limited to, Child Care Basics;
- Indoor and outdoor learning environments;
- Behavior guidance;
- Staff supervision;
- Leadership, child care administration, or mentoring in early childhood;
- Financial management;
- Working with families;
- Legal issues in child care; and
- Child welfare.

CPR, First Aid, medication administration and water safety training cannot be included in the 18 hours required above. Certain requirements exist regarding staff who must have these trainings.

b) Licensed Group Child Care Homes

- 1) Number of pre-service **or orientation** hours and any required areas/content 0
- 2) Number of on-going hours and any required areas/content 18 per year with the same requirements as licensed centers

c) Licensed Family Child Care Provider

- 1) Number of pre-service **or orientation** hours and any required areas/content 0
- 2) Number of on-going hours and any required areas/content 18 per year with the same requirements as licensed centers

d) Any other eligible CCDF provider

- 1) Number of pre-service **or orientation** hours and any required areas/content 0 There are no training requirements for license-exempt providers.
- 2) Number of on-going hours and any required areas/content 0 There are no training requirements for license-exempt providers.

☐ No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

- X Fully implemented. Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting,

record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance:

Child Care Licensing requires licensed center-based program administrators to complete a 3 credit college course in business administration. Tuition assistance is available for this course through the EC tuition assistance contract.

Training and TA is provided to programs to improve their business practices by Child Care Aware® of NH and ACROSS NH contractors. Some recent trainings offered by Child Care Aware® of NH include “Communicate Clearly and Get Results”, which looks at the equation of job descriptions + performance evaluation= improved employee practices, “Standards of Practice”, which considers staff learning styles, the use of PD plans to reflect and identify PD goals, adapting to change, and standards of practice, and “Managing Legal Risks” with Holly Elissa Bruno, and a Leadership Summit and follow-up day. Child Care Aware® of NH and the Aftershool contractor also offer State of New Hampshire Department of Labor training periodically to ensure providers are aware of NH’s Labor law requirements. Child Care Aware® of NH also provides a TA initiative about strengthening business practices. This initiative helps providers learn more about hiring and retaining qualified staff, staff scheduling, marketing to increase enrollment, transition help/support for new Directors, requirements of Directors to train staff, licensing applications, review of staff and family handbooks, and program expansion. Another Child Care Aware® of NH TA initiative is around Shared Services. This initiative helps providers learn how to access and navigate the Shared Services platform and to develop action plans around using the resources. Child Care Aware® of NH also makes use of Directors’ Collaboratives to explore business practices and Shared Services further.

New Hampshire has a progressive Shared Services model through the Seacoast Early Learning Alliance (SELA) and Early Learning NH. These organizations promote the use of Shared Services and provide training about its features and benefits. New Hampshire’s model has two tiers. The first tier is access to the basic platform which has trainings, templates, and other time-saving documents for providers. The second tier is access to SELA, which allows programs, individual employees and even families to take advantage of discounts and services purchased on a group basis, and even the possibility of shared staffing, assets and expertise of members of the group. One of the services NH SELA programs have access to is Great North Advantage, a trusted and respected property management company that has established relationships within the business world that supports and promotes connecting the early childhood community to essential resources and information. They will assist providers in finding the right service person, and provide discounts

on various property management goods and services. When program directors are able to save time on administrative tasks, they are able to devote more time to supporting and developing staff. Actual dollars saved can be reinvested back into the program and hopefully even raise teachers' pay and/or benefits. When individual staff are able to take advantage of cost savings, that puts more money in their own pockets. Programs must be Licensed Plus or in the process of becoming Licensed-Plus within one year of their application date to participate at the SELA level.

Billing and Payment policies and monthly webinar training are in place and provided through the Child Development Bureau.

- ☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward **complete implementation** for any requirement(s) not fully implemented (not yet started, partially **implemented**, substantially **implemented**, other) _____
 - **Implementation progress to date – Identify any requirement(s) partially or substantially implemented** _____
 - **Unmet requirement - Identify the requirement(s) not fully implemented** _____
- Tasks/Activities – What specific steps will you take to **implement** the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for **complete implementation** of this activity _____
 - Partners – Who is the responsible agency partnering with to complete **implementation of** this activity _____

6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-

to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State/Territory's early learning and development guidelines appropriate for children from birth to kindergarten entry.

☒ The State/Territory assures that the early learning and development guidelines are:

- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
- Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
- Updated as determined by the State. List the date or frequency Updated version released Fall 2015.

X Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____

- Projected start date for each activity _____
- Projected end date for each activity _____
- Agency – Who is responsible for **complete implementation** of this activity _____
- Partners – Who is the responsible agency partnering with to complete **implement** this activity _____

6.3.2 Check for which age group(s) the State/Territory has established early learning and development guidelines:

☐ Birth-to-three. **Provide a link**

☐ Three-to-Five. **Provide a link**

☒ Birth-to-Five. **Provide a link** <http://www.dhhs.nh.gov/dcyf/cdb/early-childhood-resources.htm>

☒ Five and older (check if State/Territory has standards for five and older that **complement but cover child development areas not covered by** k-12 **academic** standards). Describe **and provide a link** The New Hampshire Head Start Directors Association, Head Start Collaboration Office and New Hampshire Department of Education (DOE) created and released the *New Hampshire Kindergarten Readiness Indicators* (NH KRI) in December 2012 to provide NH parents, educators and communities with a common understanding and standard regarding what children should know and be able to do as they enter kindergarten (<http://education.nh.gov/instruction/curriculum/documents/kindergarten-readiness.pdf>). The NH KRI tool was developed in collaboration with the DHHS/DCYF Child Development Bureau, which aligned the NH KRI with the NH Early Learning Standards for 4- and 5-year olds. Over the past several years, the NH State Board of Education endorsed the NH KRI and NH DHHS and NH DOE disseminated the NH KRI to school districts, early learning programs and parents throughout the state.

☒ Other. Describe *NH Early Learning Curriculum Guidelines and Preschool Outcomes for Young Children with Disabilities Ages 3-5* (2005, December) addresses IDEA requirements and supports the selection and development of curriculum for early childhood special education programs in NH (http://education.nh.gov/instruction/special_ed/documents/preschool_child_outcomes.pdf) Because NH has no state funded preschool, early learning curriculum standards for children ages 3 to 5 are not addressed in the New Hampshire Department of Education Curriculum Framework.

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being?

☒ Yes, the State/Territory has a system of technical assistance operating State/Territory-wide

☐ Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities but not State/Territory-wide

☐ No, but the State/Territory is in the development phase

☐ No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

☒ Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines. Describe The Child Care Aware® of NH contractor will provide technical assistance as well as free and low cost professional development to child care providers to meet this standard within QRIS. The Early Learning Standards Task Force is in the process of developing these trainings.

☒ The technical assistance is linked to the State's/Territory's quality rating and improvement system. Describe The Child Care Aware® of NH contractor provides technical assistance to child care providers to implement the Early Learning Standards in their programs.

☒ Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines. Describe The Child Care Aware® of NH contractor provides technical assistance to programs serving infants and/or toddlers to implement the Early Learning Standards in their programs.

☒ Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines. Describe The Child Care Aware® of NH contractor provides technical assistance to programs serving preschool-age children to implement the Early Learning Standards in their programs.

☐ Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines. Describe _____

b) Indicate which funds are used for this activity (check all that apply)

☒ CCDF funds. Describe CCDF Quality funds and Infant/Toddler funds are used to support this activity.

☐ Other funds. Describe _____

6.3.4 **Check here** ☒ to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. **Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12.** States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. **These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.**

States and Territories will report on these quality **improvement** investments **through CCDF** in three ways: **1)** ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); **2)** In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; **and 3)** For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)

- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers
- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
- 8) Supporting providers in the voluntary pursuit of accreditation
- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.

Throughout this Plan, States and Territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

7.1 Activities to Improve the Quality of Child Care Services

- 7.1.1 What are your overarching goals for quality improvement? Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services New Hampshire's overarching goal for quality improvement is to create a system of continuous quality improvement that includes standards that are known to positively impact children's learning, family support, and teacher competence and satisfaction within the established framework of the Child Development Bureau and other related early childhood programs and systems within NH. The QRIS Task Force identifies continuous quality improvement as the foundational aspect of QRIS, that learning, growth are an ongoing process, with celebrations of achievements along the way. New Hampshire is committed to providing resources and supports to providers to achieve quality designations. Twenty-seven to twenty-nine percent of early childhood professionals who responded to the CCDF Plan Survey for 2016-2018 reported the need for assistance on staff becoming credentialed, professional development, child observation and assessment, and connecting to community supports, all of which are represented in some way

in the revised and enhanced QRIS currently under development by the Child Development Bureau. Children, families and early education staff are interrelated parts of an early learning program and each has its own needs to be addressed in a QRIS. Finally, early childhood professionals report that having an integrated system, rather than many separate programs or initiatives makes participating less overwhelming. New Hampshire endeavors, to the extent practicable, to create a coordinated system of quality improvement initiatives.

Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

- X Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2.
 - X Indicate which funds will be used for this activity (check all that apply)
 - X CCDF funds. Describe **CCDF funds (e.g., quality set-aside, infant-toddler set-aside, etc.)** For the development, implementation and enhancement of our tiered quality rating system we will use CCDF funds that include quality set-aside and infant-toddler set-aside (where appropriate) to meet measures of quality for programs.
 - ☐ Other funds. **Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)** _____
- X Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3.
 - X Indicate which funds will be used for this activity (check all that apply)
 - X CCDF funds. **Describe CCDF funds (e.g., quality set-aside, including whether designated infant- and toddler set-aside, etc.) funds are being used along with other CCDF funds.** Other funds. **Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)** Quality set-aside and infant toddler funds, where appropriate for the implementation of the Early Learning Standards <http://www.dhhs.nh.gov/dcyf/cdb/documents/nh-early-learning-standards.pdf> (also to be used as a tool in the enhanced QRIS), for TA provided through the Child Care Aware® of NH for infants and toddlers, and for tuition assistance to increase the knowledge and qualifications of infant and toddler teachers to improve quality
- X Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4.
 - X Indicate which funds will be used for this activity (check all that apply)

X CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set-aside, etc.) As outlined in 1.7 with scope of services for expanding our existing statewide system of Child Care Aware® of NH services we will use CCDF funds that include quality set-aside and infant-toddler set-aside.

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

- X Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5.

- X Indicate which funds will be used for this activity (check all that apply)

X CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set-aside, etc.) For facilitating compliance with State/Territory requirements for inspection, monitoring, training and health and safety standards we will use a blended approach with CCDF funds that include quality set-aside and infant-toddler set-aside. For the monitoring of license-exempt providers, the CDB will transfer funds to the Child Care Licensing Unit to cover the cost of two additional licensing coordinators.

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

- X Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6.

- X Indicate which funds will be used for this activity (check all that apply)

X CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set-aside, etc.) For evaluation and assessment of the quality and effectiveness of child care services within our state we will use CCDF funds that include quality set-aside and infant-toddler set-aside, as appropriate and as funding allows.

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

- X Supporting accreditation. If checked, respond to 7.7.

- X Indicate which funds will be used for this activity (check all that apply)

- X CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set-aside, etc.) We plan to continue to support accreditation of programs through utilization of the quality set-aside for those programs serving children and families accessing NH Child Care Scholarship by offering quality incentive payments monthly based on the percentage of scholarship children they are serving.
- ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____
- X Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8.
- X Indicate which funds will be used for this activity (check all that apply)
- X CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set-aside, etc.) Quality set-aside and infant-toddler set-aside will be utilized, as appropriate, to support program standards through our quality rating and improvement system which has requirements to meet standards related to health, mental health, nutrition, physical activity and physical development.
- ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____
- X Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9.
- ☐ Indicate which funds will be used for this activity (check all that apply)
- X CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set-aside, etc.) Quality set-aside and infant-toddler set-aside will be utilized, as appropriate, to support provider preparedness, child safety, child well-being or entry into kindergarten.
- ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

☒ Yes, the State/Territory has a QRIS operating State/Territory-wide. Describe how the QRIS is administered (e.g., state or locally administered such as through CHILD CARE AWARE® OF NHs) and provide a link, if available Currently NH's QRIS is being revised and enhanced. The present system supports Licensed Plus and accredited programs through quality incentive payments to programs serving children and families receiving the NH Child Care Scholarship. Licensed-Plus applications are processed in the Child Development Bureau and the incentive payments are administered through the NH Bridges payment system at DCYF and are monitored by the CDB. A QRIS Task Force has been working on a plan for the revised and enhanced QRIS that includes the final design and funding requirements of a fully developed QRIS system.

Links: <http://www.dhhs.state.nh.us/dcyf/licensedplus/index.htm>

- ☐ Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels but not fully operating State/Territory-wide. Provide a link, if available _____
- ☐ No, but the State/Territory is in the development phase
- ☐ No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

- ☒ Participation is voluntary
- ☐ Participation is mandatory for providers serving children receiving subsidy. If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.) _____
- ☐ Participation is required for all providers
- ☒ Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels
- ☐ Supports and assesses the quality of child care providers in the State/Territory
- ☒ Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers
- ☒ Embeds licensing into the QRIS. Describe Licensing is considered the first level of NH's QRIS.
- ☐ Designed to improve the quality of different types of child care providers and services
- ☒ Describes the safety of child care facilities
- ☒ Addresses the business practices of programs

- ☐ Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
 - X Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services. If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality Programs receiving children and families on child care scholarship that are either Licensed Plus or accredited receive a quality incentive payment on a monthly basis based on the percentage of total payments made for children on scholarship in their program in the previous month. Licensed plus programs receive 5% of total scholarship payments and accredited programs receive 10% of total scholarship payments.
 - X Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating
- b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.
- X Licensed child care centers
 - X Licensed family child care homes
 - ☐ License-exempt providers
 - X Early Head Start programs
 - X Head Start programs
 - ☐ State pre-kindergarten or preschool program
 - ☐ Local district supported pre-kindergarten programs
 - X Programs serving infants and toddlers
 - X Programs serving school-age children
 - ☐ Faith-based settings
 - ☐ Other. Describe.

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory. The Child Development Bureau (CDB) utilizes the National Association for

the Education of Young Children's (NAEYC) website listing of current accredited programs to monitor program accreditation status. In Licensed Plus, child care programs participate in a renewal process every three years through a documents-based system with a monitoring visit option. DCYF tracks the number of programs that increase or decrease their quality rating during the year. Programs that hold Licensed-Plus or accredited status receive a monthly quality incentive payment based on the amount of scholarship paid to the program in the previous month. Each year accredited and Licensed-Plus programs are asked to report to the DCYF Child Development Bureau how quality incentive payments were utilized to support quality improvements in program. The CDB will consider a statewide program evaluation once the revised and enhanced QRIS has been implemented and in-place for a period of time.

7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

7.3.1 What activities are being implemented by the State/Territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.

- ☐ Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe _____
- ☐ Establishing or expanding the operation of community or neighborhood-based family child care networks. Describe _____
- X Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe Currently, DHHS contracts with Southern NH Services to deliver child care resource and referral services statewide that include a designated infant and toddler specialist. They also provide training through the Child Care Basics training titled, "Caring for Infants and Toddlers" and provide other trainings specific to infants/toddlers also. An Infant/Toddler Institute will be offered in 2016, potentially in collaboration with Early Head Start. Through a contract with Granite State College free or reduced coursework in Infant Toddler development or other Infant Toddler content is offered as part of the tuition assistance grant. Additionally, the CDB partners with organizations like the NH

Association for the Education of Young Children to support their annual Infant and Toddler Training Series.

- ☐ Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care. Describe _____
- X Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists. Describe An established cross-sector Technical Assistance Community of Practice which includes qualified infant and toddler professionals, is working to build systemic capacity and strengthen supports to Infant and Toddler professionals. In addition these I/T TA specialists are providing coaching and mentoring to program staff to increase their competencies in meeting the unique needs of infants and toddlers.
- X Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) Describe DHHS has an established partnership with the NH Department of Education and the Bureau of Development Services to collaborate and support the work of early intervention specialists providing service for infants and toddlers through work with the statewide developmental screening system, Watch Me Grow, and collaborative professional development opportunities.
- ☐ Developing infant and toddler components within the State's/Territory's QRIS. Describe _____
- X Developing infant and toddler components within the State/Territory's child care licensing regulations. Describe The NH Child Care Licensing Regulations (<http://www.dhhs.nh.gov/oos/cclu/documents/finalrules.pdf>) have specific regulations related to the health, safety, care for infants and toddlers through outlining environment requirements, feeding practices and program requirements.
- X Developing infant and toddler components within the early learning and development guidelines. Describe In the newly revised NH Early Learning Standards, areas of infant and toddler development are broken down into the following age groups: 0-9, 9-18 and 18-24, 24-30 months providing developmental domains, strands of development, constructs and indicators of progress for families and professionals to understand development for each age.
- X Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care. Describe Child Care Aware® of New Hampshire provides information to parents about accessing and selecting programs and what quality programming looks like (e.g., ratios, group size, the importance of primary caregiving and routines as curriculum). Information may be provided in-person, via phone call or through written materials and via the web.
- X Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence

that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being. Describe The NH Infant and Toddler Task Force meets quarterly to evaluate opportunities to support and engage infant and toddler professionals in their work-through professional development, leadership development and resource sharing.

☐ Other. Describe _____

- 7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory DHHS will continue to collect statewide data for programs engaged in NH's QRIS to determine how they are utilizing their quality incentive payments. To the extent practicable, DHHS will monitor the types and amount of TA that is provided regarding infant and toddler care.

7.4 Child Care Resource & Referral

- 7.4.1 Describe the status of the child care resource and referral system

- ☐ State/Territory has a CCR&R system operating State/Territory-wide. Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system New Hampshire's CCR&R system, Child Care Aware® of NH, is operated statewide under a contract with Southern New Hampshire Services, a Community Action Program (CAP), with 5 regional outreach offices throughout the state.
- ☐ State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide. Describe _____
- ☐ State/Territory is in the development phase

- 7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory The Child Care Aware® of NH contract includes 15 performance measures in the following areas: referrals provided to families, initiatives with which Child Care Aware® of NH collaborates with stakeholders, updates to the NACCRRR Data Suite, trainings provided and TA provided.

7.5 Facilitating Compliance with State Standards

7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards? Describe DHHS funds Child Care Resource and Referral and Afterschool to provide training and technical assistance focused on business management and assisting child care providers to become licensed. Both contracts for Child Care Aware® of NH and Afterschool include requirements for providing training and TA by credentialed trainers and TA Specialists. In addition to health and safety training provided by Child Care Aware® of NH, there is a requirement to promote and disseminate information for other health and safety trainings as required for pre-service and orientation for providers. The Child Care Licensing Unit inspects and monitors licensed child care programs. The Child Development Bureau will provide funds to the Child Care Licensing Unit for two additional Licensing Coordinator positions. This will allow all Licensing Coordinators to complete the required inspection and monitoring of Licensed-exempt child care providers receiving CCDF in each of their territories.

7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory In an effort to improve quality of child care programs and services the State/Territory will conduct monitoring visits and results will be posted on the Child Care Licensing Unit (CCLU) web page and the Child Care Aware® of NH website (proposed consumer education website) with a link to the CCLU page. In the New Hampshire Professional Registry, technical assistance provided by child care resource and referral programs and the afterschool contractor (Across NH) is tracked and data is collected to evaluate the quality improvement progress and licensed status of child care programs-including those programs and providers meeting the health and safety requirements. Additionally, CCLU will implement annual monitoring of license exempt (LE) providers.

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings. Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates **that** such programs positively impacts children DHHS tracks the number of children in Licensed-Plus Family Homes, Licensed-Plus Centers and Accredited Centers (there are no accredited family homes in NH) for whom NH Child Care Scholarship payments were made each month. Licensed-Plus standards include the option for programs to complete a self-assessment using one of the Environmental Rating Scales (ERS). Option 2 for Licensed-Plus uses Head Start standards. NAEYC, National Association of Family Child Care (NAFCC) and National Afterschool Association (NAA) accreditation standards are used for Accreditation status. The revised and enhanced QRIS proposes to use the self-assessments for Let's Move! Child Care, NAP-SACC, and Strengthening Families and is considering the use of the Classroom Assessment Scoring Scale (CLASS) and perhaps the ERS as observed assessments.

7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory DHHS tracks the number of children served and the amount of payments made to Licensed-Plus family and center-based programs and accredited center-based programs each month. Progress will be measured as more children receiving child care scholarship are being served in Licensed-Plus and accredited programs. In addition, programs with a quality designation of Licensed-Plus or accredited are required to submit a report of how quality incentive payments were used. This report demonstrates the impact of the quality incentives on improving quality in these programs.

7.7 Accreditation Support

7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- ☒ Yes, the State/Territory has supports operating State/Territory-wide. Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation DHHS provides monthly quality incentive payments to accredited programs at 10% of total child care scholarship payments made to these programs in the previous month.
- ☐ Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide. **Describe _____**
- ☐ No, but the State/Territory is in the development phase
- ☐ No, the State/Territory has no plans for development

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- 7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory DHHS tracks the number of children served and the amount of payments made to accredited programs each month. Progress will be measured as more children receiving child care scholarship being served in accredited programs.

7.8 Program Standards

DRAFT

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development? Please describe New Hampshire has established the Let's Grow! NH Task Force, with the goal of supporting programs and professionals to adopt and/or develop quality standards of practice related to health, mental health, nutrition, physical activity and physical development. To meet this goal, this cross sector group of professionals collaborates to provide and facilitate professional experiences and increase access to tools and resources for early childhood and afterschool professionals in NH. Professionals have access to a web page located on the DHHS website that serves as a "toolkit" for resources. The Let's Grow! NH Toolkit is a list of up to date resources, information and tools to guide policy and practice development, design and implementation for child care programs, communities, families, schools and stakeholders. <http://www.dhhs.nh.gov/dcyf/cdb/lets-grow-nh.htm>. Additionally, the task force looks at enhancing professional development and technical assistance offerings through state wide conference presentations and individual face to face trainings. NH participates in the following quality initiatives related to health, nutrition, physical health and development: I am moving, I am learning, Let's Move! Child Care, Go NAP-SACC, Breast Feeding Friendly Child Care and Strengthening Families. Many of these tools are part of the enhanced QRIS under development.

Child Care Aware® of NH offers training and technical assistance on topics of health, mental health, nutrition, physical activity and nutrition throughout the year as well as an annual "Caring for our Children: Health, Safety, Nutrition and Wellness" conference which focuses on health and safety training topics and is replicated several times per year throughout the state. These trainings count towards professional development for child care licensing and for one's professional credential. Holding a credential and having a professional development plan are both standards in the enhanced QRIS.

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory Currently, there is no data collection measurement in place for the tools by NH shared on the Let's Grow! NH web page, however, participants do have an opportunity for reflection on their self-assessment results through tools on the resources' websites. Once the enhanced QRIS is implemented, levels achieved related to health and safety training topics will measure quality improvement.

The NH Professional Registry tracks the professional development trainings related to these topics, the number of workshop attendees, and the technical assistance provided to programs. Additionally, each participant attending a Child Care Aware® of NH training is asked to reflect on their competency pre and post training. Professional development plans submitted as part of a credential application can be reviewed through the evaluation process for frequency of inclusion of these topics.

7.9 Other Quality Improvement Activities

- 7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten.

NH Professional Development System- a voluntary system comprised of a lattice to provide pathways for professionals to receive their credential in early childhood or afterschool based on education, experience and skill attainment (provider preparedness). Measures relevant to this activity include the number of credentials awarded, the levels at which they are awarded and if professionals increase their credential level.

Watch Me Grow-NH's statewide developmental screening system (child well-being and entry into kindergarten). As the State continues to develop and enhance it's Watch Me Grow database capabilities and capacities, data can be tracked regarding usage of the Watch Me Grow system.

Emergency Preparedness- a comprehensive manual and guidebook for providers and programs to develop an emergency responsiveness plan in the event of a disaster and/or emergency and resources <http://www.dhhs.nh.gov/dcyf/cdb/documents/prepguide.pdf> (child safety). Child Care Licensing requires that programs have an emergency preparedness plan. Evidence of programs using these guidebooks to inform and improve their plans indicates quality improvement. Child Care Aware® of NH provides training and technical assistance on emergency preparedness as well.

Strengthening Families-a national prevention framework developed from the Center for the Study of Social Policy that includes everyday actions for programs and providers including protective factors aimed at strengthened families, reducing child abuse and neglect and optimized knowledge of parenting and child development (child safety, child well-being and provider preparedness). The Strengthening Families Self-Assessment is part of the enhanced QRIS. Once this is implemented program achievement and increasing levels of quality in this standard are measures of quality improvement.

Trauma Informed Early Childhood Services (TICES)-a curriculum developed by Dartmouth College in partnership with the NH Maternal and Child Health and the Community Health Initiative by Cassie Yackley, PsyD and Erin Barnett, PhD to inform and guide programs about understanding their role, describing and developing effective strategies in trauma informed work. Preschool Technical Assistance Network (PTAN) consultants will be trained in TICES in the coming year and will utilize the information in their consultation with programs. Programs that are able to maintain children in their program that exhibit very challenging behavior due to early trauma is an indicator of quality improvement.

8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

- 8.1.1 Describe how the State/Territory ensures that their definitions for violations have been modified, and program integrity procedures revised to reflect new requirements. New Hampshire will review the entire current child care rule and initiate all the necessary changes to support the policies set forth in this Plan, incorporating the new requirements. New Hampshire has also initiated changes needed to the eligibility management and payment systems to implement the new policies. A Supervisory Release (SR) will be written to release the new policy to DHHS staff who manages eligibility processes with NH families. This policy change notice summarizes changes, explains the policy and how it functions, shows the difference between the former and new policy, and describes any changes in the New HEIGHTS eligibility management system. The Family Assistance Manual, the guide to policy for staff and the general public, will be updated to reflect the new policy changes. DHHS staff will receive training on the new requirements. The Child Development Bureau maintains procedures for internal monitoring for improper billing and payments and other errors as well.
- 8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements. Check all that apply.

- X Issue policy change notices
- X Issue new policy manual

- X Staff training
- X Orientations
- X Onsite training
- X Online training
- X Regular check-ins to monitor implementation of the new policies. Describe DHHS has Quality Control staff that review cases for accurate application of policies. When repeated errors are identified, the supervisors are notified so that the issue can be addressed with Family Service Specialists, the eligibility management staff. Family Service Specialists undergo rigorous and lengthy training before managing a caseload. Supervisors regularly conduct daily case reviews, especially for new staff, to identify and address errors. When an error is consistently repeated by several staff, and identified as misunderstood, a variety of modes of communication are used to inform staff of the correct policy and correct practice. These may include an email notification via a Director's Memo, targeted training to a District Office, and incorporation into staff meetings.

Other. Describe _____

- 8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF. The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements. NH does not have subrecipients.

Definition: “Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as “vendors”). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified.”

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

- X Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))
- X Run system reports that flag errors (include types). Describe A Child Care Audit Report is run monthly in New HEIGHTS to identify: 1) non-TANF cases where the service level is full time, but employment hours are >0 & <26 (not including commute time), 2) any non-TANF cases where the service level is half time, but employment hours are >0 & <11 (not including commute time), 3) any case with open child care where there are no hours for a corresponding approved activity, 4) any case where the service level is full time and training is the only activity, and 5) any case where the activity is job search and the service level is full time. The Child Development Bureau runs monthly reports to identify: 1) license-exempt providers who are linked to more than three children to ensure these children are not being cared for by the provider at the same time, 2) individuals who are receiving Aid to the Permanently and Totally Disabled (APTD) to ensure they are adults who are participating in an approved and verified activity, 3) providers who bill for more than 12 hours in a single 24 hour period to ensure care was provided for that length of time and is not an "AM/PM" error, 4) providers who have a credit balance due from a previous violation and are no longer billing and therefore money is not being recouped, to arrange for another form of repayment. Reports are run following snow days and holidays and calls are made to providers who billed for those days (if we have public information that they reported they were closed) to verify they did provide care or to have them re-bill correctly.
- X Review of enrollment documents, attendance or billing records
- X Conduct supervisory staff reviews or quality assurance reviews
- X Audit provider records
- X Train staff on policy and/or audits
- X Other. **Describe** DHHS uses the National Directory of New Hire Information to automatically cross-check employment information. Client income can be cross-checked through the Work Number, through NH Employment Security for

unemployment compensation or through a data exchange with Social Security Administration for Social Security Income or State Supplemental Income. NH Vital records can be used to cross-check birth records.

- ☐ None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

- X Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))
- X Run system reports that flag errors (include types). Describe A Child Care Audit Report is run monthly in New HEIGHTS to identify: 1) non-TANF cases where the service level is full time, but employment hours are >0 & <26 (not including commute time), 2) any non-TANF cases where the service level is half time, but employment hours are >0 & <11 (not including commute time), 3) any case with child care where there are no hours for employment and work hours, 4) any case where the service level is full time and training is the only activity, and 5) any case where the activity is job search and the service level is full time. The Child Development Bureau runs a monthly report to identify individuals who are receiving Aid to the Permanently and Totally Disabled (APTD) to ensure that the adults receiving this state disability benefit are participating in an approved and verified activity.
- X Review of enrollment documents, attendance or billing records
- X Conduct supervisory staff reviews or quality assurance reviews
- ☐ Audit provider records
- X Train staff on policy and/or audits
- ☐ Other. Describe _____
- ☐ None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory? The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

- a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?
- ☐ Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount _____

- ☐ Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
 - X Recover through repayment plans
 - X Reduce payments in subsequent months
 - ☐ Recover through State/Territory tax intercepts
 - ☐ Recover through other means
 - X Establish a unit to investigate and collect improper payments. Describe DHHS has an Office of Special Investigations (OSI) that DHHS staff (CDB or Division of Client Services) can refer clients or providers to when suspected of unintentional program violations. OSI works with the referring staff to investigate and determine whether or not an unintentional violation has occurred and develop an appropriate action to be taken, including the recovery of misspent funds.
 - ☐ Other. Describe _____
 - ☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines _____
- b) Check which activities the Lead Agency will use for intentional program violations or fraud?
- ☐ Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount _____
 - X Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
 - X Recover through repayment plans
 - X Reduce payments in subsequent months
 - ☐ Recover through State/Territory tax intercepts
 - ☐ Recover through other means
 - X Establish a unit to investigate and collect improper payments. Describe composition of unit below DHHS has an Office of Special Investigations (OSI) that DHHS staff (CDB or Division of Client Services) can refer clients or providers to when suspected of intentional program violations or fraud. OSI works with the referring staff to investigate and determine whether or not an intentional program violation(s) or fraud has occurred. OSI then works with the Child Development Bureau to develop an appropriate action to be taken, including the recovery of misspent funds.
 - X Other. Describe Disqualify provider if convicted of fraud by the court pursuant to RSA 167:17-b or if the provider does not meet this criteria but has been found to have committed fraud by an investigation conducted by DHHS pursuant to RSA 161:2, XV. The provider may also be disqualified from participation as a child care provider or to receive any state funds under the program for a period of not less than 5 years, if the

provider has committed fraud in any program administered by DHHS. Providers who have been disqualified due to fraud may not participate in an Informal Dispute Resolution process with the Child Care Licensing Unit.

None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, including action steps and completion timelines _____

c) Check which activities the Lead Agency will use for administrative error?

- ☐ Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount _____
- ☐ Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
- ☐ Recover through repayment plans
- ☐ Reduce payments in subsequent months
- ☐ Recover through State/Territory tax intercepts
- ☐ Recover through other means
- ☐ Establish a unit to investigate and collect improper payments. Describe composition of unit below
- ☐ Other. Describe _____

X None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines New Hampshire has no authority to recover administrative errors under state law.

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

- ☐ Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified.
- X Disqualify provider. If checked, please describe, including a description of the appeal process for providers who are disqualified. A provider may be disqualified if the provider: 1) is found to have committed fraud, 2) is billing while not in compliance with licensing requirements, 3) has provided any of the the following false or misleading billing documentation: a) billing for child care services not rendered; b) billing for child care services provided while knowing the parent was not in the approved employment-related activity; c) billing for child care services provided by another person or provider; 4) failed to provide required supporting documentation for billing or providing false or misleading supporting documentation; 5) continues to make billing errors after the provider has received a letter of notification of improper billing and did not attend mandatory training or continued to bill incorrectly after

attendance at training; or 6) fails to comply with any of the elements in the provider agreement.

The provider who has been disqualified is sent a letter via mail that includes the reason(s) for disqualification and informs him/her that the date of the disqualification is effective 30 days from the date of the letter. The provider is also informed of their right to appeal the disqualification in accordance with He-C 200. If the reason for the disqualification is that the health and safety of a child was endangered as a result of the provider's care, the disqualification is effective immediately upon notification. If the provider opted to continue to receive child care scholarship payment during an appeal and the disqualification was upheld, the provider shall repay to DHHS any payment made after the effective date on the letter that notified the provider of their disqualification. Once disqualified, a child care provider will receive no state funds under the program for a minimum of five years or up to a lifetime. If the hearing officer finds in favor of the provider, then the disqualification shall not take effect.

- X Prosecute criminally
- X Other. Describe Recoup overpayments from clients and/or providers, whether the result of unintentional or intentional program violations of fraud. Overpayment shall be considered solely the fault of the provider when the parent is in compliance with He-C 6910, and the provider has been paid for services not rendered or that were not in compliance with He-C 6910.19 and the provider agreement. The overpayment shall be considered solely the fault of the parent when the provider is in compliance with He-C 6910.19 and the provider agreement, the parent has not complied with He-C 6910, and the provider has no knowledge that the parent was out of compliance with the provisions of He-C6910. The overpayment shall be considered the fault of both the parent and provider when both parties are out of compliance with He-C 6910 or both parties were in collusion, meaning they agreed to actions with the understanding that their actions constituted a violation of the provisions of these rules. Notification of overpayments shall be sent to the party or parties at fault. Overpayment to clients shall be recouped in accordance with RSA 167:17-a. Providers shall agree to one of the following repayment plans: 1) repay the overpayment in full, 2) Choose to repay at a rate no lower than 10 percent of the full amount owed per month until the overpayment is repaid in full whether the provider is currently enrolled or no longer enrolled; or 3) For a currently enrolled provider, choose to have the total amount withheld from future payments to the provider, beginning with the next scheduled payment after agreement has been reached or after the 30 days has elapsed, whichever occurs first, until the overpayment is repaid in full. If the provider fails to comply with any of the above, then the overpayment shall be recouped in full beginning with the next scheduled payment to the provider after the 30 days has elapsed, or for as long as is necessary to recoup the overpayment in full.